

# TRANSCRIPT

## PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

### Inquiry into the Victorian Government's Response to the COVID-19 Pandemic

Melbourne—Tuesday, 12 May 2020

#### Members

Ms Lizzie Blandthorn—Chair

Mr Richard Riordan—Deputy Chair

Mr Sam Hibbins

Mr David Limbrick

Mr Gary Maas

Mr Danny O'Brien

Ms Pauline Richards

Mr Tim Richardson

Ms Ingrid Stitt

Ms Bridget Vallenge



**WITNESSES**

Mr Daniel Andrews, Premier,

Mr Chris Eccles, Secretary, and

Ms Kate Houghton, Deputy Secretary, Social Policy Group, Department of Premier and Cabinet (*all via videoconference*).

**The CHAIR:** Thank you, everyone, for joining us today. We will declare open the hearing of the Public Accounts and Estimates Committee. Can I begin by acknowledging the traditional Aboriginal owners of the land on which we are meeting and pay our respects to them, their culture, their elders past, present and future and those from other communities who may also be joining us in whatever way today.

Welcome to the public hearings for the Public Accounts and Estimates Committee's Inquiry into the Victorian Government's Response to the COVID-19 Pandemic. The Committee will be reviewing and reporting to the Parliament on the responses taken by the Victorian Government, including as part of the national cabinet, to manage the COVID-19 pandemic and any other matter related to the COVID-19 pandemic. Can I ask that all mobile telephones now be turned to silent, please.

I will also remind the Committee and those appearing before it that all evidence taken by this Committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you repeat the same things outside this forum, including on social media, those comments may not be protected by this privilege.

Thank you to our witnesses who are appearing before us firstly this morning: the Honourable Daniel Andrews, MP, Premier; Chris Eccles, Secretary of the Department of Premier and Cabinet; and Kate Houghton, Deputy Secretary, Social Policy, Department of Premier and Cabinet.

All evidence taken by this committee is obviously protected by parliamentary privilege, and you will be provided with a proof version of the transcript for you to check. Verified transcripts, presentations and handouts will be placed on the Committee's website as soon as possible. The hearings may be rebroadcast in compliance with standing order 234. Can I ask photographers and camerapersons to follow the established media guidelines and the instructions of our Committee secretariat.

Thank you, Premier. I invite you to make a brief opening statement/presentation of no more than 8 minutes. We know your name and your position, but if for the Hansard record, you could state those also. This will be followed by questions from the Committee. Thank you.

**Mr ANDREWS:** Thank you, Chair. I am Daniel Andrews, Premier of Victoria, and I am very pleased for the invitation to appear before you today.

**Visual presentation.**

**Mr ANDREWS:** I have got a very brief presentation. If we can go to the first slide, I will run through that as quickly as possible so we can get into—

**Mr RIORDAN:** Excuse me, Chair.

**The CHAIR:** Sorry, Premier, if we could just pause for a moment.

**Mr RIORDAN:** We are already seeing difficulty with the video link. Presumably he is in the building next door. Is there not a guarantee that that cannot be better? I mean, before we get into it, it is not going to be adequate to have the Premier's face frozen on the screen.

**The CHAIR:** Thanks, Deputy Chair. I am not sure that we were going long enough for it to be even established that there was a problem. Could we perhaps go for a little bit and see how we go, and if there is a problem then, as we have discussed, we can pause the proceedings while that is addressed.

**Mr RIORDAN:** I guess I am leaving it to the technical people, if they can do anything.

**The CHAIR:** Thank you, Deputy Chair. Thank you, Premier.

**Mr ANDREWS:** Thanks, Chair. I think you will be seeing the presentation now on your screen. If I run through those slides fairly quickly.

This gives you a time line of presentations or positive cases across Victoria and indeed a summary of the process that has been run through national cabinet. Obviously our first case was back on 25 January, which was in fact Australia's first case. We then moved to release our pandemic plan, and you will recall that about that same time we made a number of statements about what Victorians could expect, that this would be a really unprecedented event, a very challenging event, and it has indeed transpired exactly as we had predicted.

COAG then formed the national cabinet after our meeting in Parramatta, up in western Sydney. The first state of emergency was declared. We then moved to progressive stages of the restrictions that have given us the results that every Victorian can be very proud of. That time line ends with the announcements yesterday of course to ease restrictions—a first step. And of course this morning I have confirmed the return of face-to-face learning in our schools, government schools, and we are very confident that Catholic and other independent schools will have a time line that is very similar.

Given our success in recent weeks because of the collective effort, the public health response, the work of the national cabinet and indeed the Victorian cabinet and all of our partners, it is perhaps easy to not forget but certainly to not necessarily have front of mind the modelling and where we might have got to if we had not had the sort of response that we have had.

Modelling produced earlier and made public earlier showed that if we had not taken the steps we had taken, we would finish up with the better part of 60 000 infections each and every day, and we would have finished off with our health system simply being overrun, where the need for intensive care, the need for ventilated beds would have far exceeded any boost we could have provided to the health system in that short amount of time. So the strategy was always one of staying at home, putting in place tough rules to give us time to preserve the health system. And in fact we have done better than that. The suppression activity that has been in place across the country has got us to the place where we are now, with such low case numbers despite the ramp-up in testing.

This just gives you a clear representation of the impact that each of the different restrictions have had on our case numbers. You can see those red arrows. If we had continued on the trajectory that we were on, then we would not see a graph like this where we have not only flattened the curve but in fact brought stability to these numbers. And that is many, many thousands of lives saved, albeit as a cost to the interventions that we have made. But this is a health crisis first and foremost, and there is some damage that is sadly necessary in order to protect human life. And this just gives you a graphical representation of the impact that those different interventions have had.

This gives you some sense of the trajectory we were on. If you look at Victoria's line—the pink line there—early on in this pandemic we were very much on that doubling every two days. The dotted line you can see on the left part of the graph just gives you a sense of where other states, other countries and other places around the world find themselves now—the flatness to those lines and the very favourable comparisons that can be drawn with so many other parts of the world where tragedy is something that they are still dealing with every day, and beyond that the very significant economic cost, because the pandemic has got away from them. That Victorian line and indeed the Australian curve more broadly should be a point of pride for everybody who has done the right thing, everybody who has heeded the advice and made a powerful contribution to a set of numbers that is in every way the envy of the world.

It is our view—and you have seen this in recent times, we have been doing a lot of talking about testing. We think testing, particularly when you get into this very challenging environment where you have got to make decisions about taking restrictions off, changing rules and moving to a new set of rules—testing so you are not doing guesswork, you are in fact going out and investigating more thoroughly than any other state. We asked for 100 000 people to come forward and be tested. We have smashed that, with 161 000 people coming forward. Not all of those have been processed yet, but we are getting very, very close.

That is quite an amazing effort. I cannot say how pleased and proud I am of so many people. And just to be fair, this is not a quick process for everybody. The taking the swab itself is relatively quick, but given the volumes that we have had through more than 90 testing sites across the state we saw a situation where some people were queueing for lengthy periods of time. It is a fantastic act of civic duty. It does speak to the fact that people are

listening to messages, but I think it also underlines the fact that people are taking this very seriously; people are concerned to know whether they have this virus and whether through their behaviour they are potentially unknowingly spreading the virus.

Of those 161 000 tests, not quite all of those have been through the lab but we have got around 30 cases that have been identified that are not connected to an overseas traveller and not connected to a known outbreak. That is not insignificant—that level of community transmission is a very real concern for us—but we believe that it is such a low level that that can be managed. We believe that we can keep control of the situation and ease off some of these rules, as we announced yesterday, and particularly in relation to schools, as we announced this morning.

Just to run through the announcements that I have made this morning with the Deputy Premier and with the Chief Health Officer, there will be a pupil-free day on 25 May and then prep, grade 1, grade 2, special school students as well as year 11 and year 12 students and those year 10 students doing a year 11 subject will all go back on the 26th. There will be a whole range of infection-control protocols: staggered drop-offs, social distancing for teachers—it is a long list. We will be communicating in great detail with individual schools, and they in turn will engage with their parent communities. And then subject to the rolling testing program that we have got, if with the measures that we have already announced around social distancing, visiting people's homes—all of those things I announced yesterday—we do not see, for instance, a big spike in cases and if we continue to see stability in our numbers, then we will have year 3 to year 10 going back on Tuesday 9 June. That investment around cleaning and the arrangements that we need to put in place is around \$45 million. The Deputy Premier has announced that today, and we think that is appropriate.

I want to thank parents for the big contribution they have made to the numbers on the graph that we referenced earlier. Keeping kids at home has been really important to flattening that curve, suppressing this virus and not having it run away from us. I know it has been challenging—with three kids of my own at home, one of whom is doing year 12, it has not been easy—and I just thank parents for the really big contribution they have made to the health of every single family. Now we have a clear timeline, and on that lead-in time—those couple of weeks notice—certainly the feedback from parents has been very positive. That is what they need. They do not want this sprung on them, and that is why we have given people plenty of notice ahead of the 25th as a pupil-free day and the 26th as the first day of face-to-face learning in term 2 for the whole student group.

**The CHAIR:** Thank you, Premier. Sorry, Premier, we might just stop you there; the time for presentation has expired.

**Mr ANDREWS:** Absolutely fine.

**The CHAIR:** Thank you for that. I will pass to Gary Maas, MP.

**Mr MAAS:** Thank you, Premier, for your presentation. I would also like to thank the Secretary and the Deputy Secretary, Social Policy, of the department for their appearance as well as you for your appearance today. Premier, I would like to take you to the issue of contact tracing. On 19 March you announced that the contact tracing team was working behind the scenes to help limit the spread of coronavirus. Could you explain how the work of the contact tracing team—also known colloquially, I think, as disease detectives—is helping to save lives?

**Mr ANDREWS:** Thanks very much, Mr Maas, for the question. To be clear, this is not necessarily the most glamorous part of the health system, but the work that public health team have been doing day and night—

**Mr RIORDAN:** On a point of order, Chair, we talk to people in America with better connections than this. This is a serious Inquiry. This is probably the most serious inquiry PAEC has done in a long time. The Premier is probably 100 metres from this room. We cannot continue the Inquiry if the quality of ministerial presentations on this very serious inquiry is going to be as poor as that. We either have to suspend it and the Premier comes in here or we come up with another solution. That is possibly the worst communication we have had on any inquiry I have ever sat on, and it is not good enough. We cannot engage properly with the Premier when he looks like some robot from a very poor quality 1950s sci-fi.

**The CHAIR:** Thank you, Deputy Chair. I do not believe that there is a point of order. I certainly am not having any problem in hearing the Premier myself, and it does not appear that the rest of the room is either. We will continue for the time being while the quality is as it is. I think we would all agree that these are difficult times and I am sure over many weeks now we have all conducted many meetings that we would prefer to have been

able to do face to face and with better technology than what we have been able to, but I think we are all making the best of the situation. So there is no—

**Mr RIORDAN:** We could have this meeting at Bunnings and the Premier would be allowed to be here with us. I mean, it is—

**The CHAIR:** Deputy Chair, there is no point of order, and I would ask that Mr Maas and the Premier resume.

**Mr ANDREWS:** Thanks very much, Chair. As I was saying, the work of contact tracers is not necessarily the most glamorous work in our health system but it is critically important. It is a relatively small team, or at least it was prior to the onset of this global pandemic. We have made substantial investments every step along the way to increase the number of contact tracers. The work that they do is essentially once a case has tested positive they then engage with that person in a very painstaking way to assess all the people that they have come into close contact with and then communicate with each and every one of those, determine who they in turn have been in contact with, provide public health advice, make sure that people are getting the appropriate care but, most importantly, make sure that people are quarantined at home. This is painstaking work, very challenging work, but it is central to stopping the spread of the virus. As I said, we have made substantial investments. This team has grown from around 57 members strong before the pandemic to now more than 1000, and we called upon resources from right across Government to grow that coronavirus detective squad, as it is sometimes known.

The other point I want to make is that their work is made easier—not easy, but easier—if we all download the app. That is what I have done. It is what so many people across the community have done, but I take this opportunity, Chair and Mr Maas, just to encourage all Victorians to download the app. It is very, very important to make the work of our contact tracing team and our public health unit just that little bit easier, and the quicker we can get to people obviously the better the public health response.

Beyond that we have had some really challenging issues to deal with. I will give you one example: the return flight from Uruguay in connection with the *Greg Mortimer* cruise ship, where when people got on that flight I think there were around about 120 people on the flight. Seventy-odd of those people had already tested positive. To then move those people from the airport seamlessly after having done health checks, to get them into hotel quarantine—I just want to take this opportunity to thank every member of the public health team for the work that they have done. It is very challenging work, but it is critically important to slowing the spread and indeed stopping the spread of this virus and in turn saving lives.

The other point that I will just make very quickly is as we move into this new phase of changing some of these rules, allowing more movement, allowing people to get in a gradual sense back to a COVID normal, then the work of these contact tracers is even more important. That is why yesterday we made further announcements about testing, about contact tracing and resources and about a dedicated squad. As the Prime Minister foreshadowed on Friday, we will see more outbreaks and it is really important that we have the very, very best, strong and well-resourced team to be able to respond to those outbreaks as quickly as possible so that they can be managed and controlled for the benefit of everybody.

**Mr MAAS:** Thank you for that response, Premier. Look, just in terms of the scaling up of contact traces, you mentioned that there were 57 contact tracers prior to coronavirus and that now there are about 1000. How was that scale-up of resources done so quickly?

**Mr ANDREWS:** That is a good question, Mr Maas, and there have been a lot of people working towards making sure training is done. We have called upon people from across Government. We have called upon people and given some employment opportunities to people. Those that worked for instance in the travel agent business, those who would normally be booking flights overseas but have got expert qualifications, if you like, and lived experience, are working in call centres dealing with clients in complex extended ways. It has not been easy to go from 57 to more than 1000. That team will continue to grow, and it is a great credit to the leadership in our public health team that they have been able to train people up, they have been able to expand so rapidly and also to maintain that workforce. Just a fatigue management issue managing such a large team, working literally 24/7, is a very significant challenge.

I again thank and congratulate the Chief Health Officer, deputy chief health officers and other senior officials within the department of health. I think it is important to note that we will continue to add to this team, and if we need to add substantially, depending on experience and the results we get back from our ongoing testing program,

then of course we will do that. I think that the dividend for that investment—the return on that investment—is pretty obvious. They have done a great job. It is very challenging work—very, very challenging and painstaking work—but it does deliver. Particularly if it is accompanied by the app, it does deliver very, very important results.

**Mr MAAS:** Thank you, Premier. I am glad you mentioned the contact tracing app. How will Victoria's contact tracing work relate to the Commonwealth on their COVIDSafe app?

**Mr ANDREWS:** I think it is really important that people acknowledge that there are a whole range of privacy protections that have been put in place here. I think probably the best point to make around any concerns that anybody might have around downloading the app is that essentially a contact tracer in the public health team via the app will be given no more or less information than that person who has tested positive would give to that contact tracer who with pen and paper or via email would have you, from memory, record all the people that you spent significant time with. If you have downloaded the app and enough people across the community—so, people you have come into contact with—also have the app, then that contact tracer, rather than having to be guided simply by your memory of those you have been close to, will get that important information, will get it in good time, and then an appropriate public health response can begin even faster. As I said, I would stress it does not make this an easy process, but it certainly makes it easier than the more manual process. But again that is in the hands of Victorians, that is in the hands of Australians, as to whether they sign up to the app. I have done it. I encourage all Victorians to do it. It is just another tool that will mean we can have the most appropriate public health response when we get the inevitable additional positive case—when we get, as the Prime Minister indicated on Friday, the inevitable additional outbreaks—as we move to opening up.

**Mr MAAS:** Thank you, Premier. Premier, if I could take you to the topic of those on our front line—namely, our healthcare workers, who are doing such a great job—could I ask you what steps the Government has taken to secure personal protective equipment for healthcare workers?

**Mr ANDREWS:** Thanks, Mr Maas. It is a very good question, and I will take the opportunity, as I am sure Members of the Committee will throughout these hearings, to thank all of those who are working on the front line, providing care, assistance and support to many, many people and of course beyond that providing the comfort to every Victorian knowing that we have got such an expert workforce who are properly resourced and fundamentally committed to doing their job and doing it as well as they possibly can.

Just on the issue of PPE and, if you like, the global supply chain more broadly, I think what this pandemic has shown all of us is that when every person, every country, every jurisdiction right across the world all want the same thing at the same time, that does present significant challenges. But through the combination of both the equipment that we had stockpiled together with some really quick work and very good work, particularly using our overseas office network, which, as you know, Mr Maas, is the most significant overseas office network of any state government in the country, we have been able to have many millions of gloves, gowns, masks—all of that personal protective equipment—in all of our settings. Now, there have from time to time been challenges. That is back to that point about literally everyone wanting the same thing at the same time. I thank all of those—Health Purchasing Victoria, the Department of Health and Human Services, individual hospitals and health services, private hospitals as well, those in general practice, everybody across the front line—who have worked very hard to make sure that we have got enough of the things that we need.

It has been a challenge, and that will be, I think, one of the lessons out of this global pandemic. What might have been considered an appropriate stockpile, perhaps we will have to have a look at that in the future. What we were content to get from other places, to import rather than manufacture ourselves, we may have to have a look at some of those issues too. They are all important matters and things that the national cabinet have not necessarily deliberated on, but we have certainly talked about some of those challenges.

Just on the kind of supplies that we have and the provisions we make for a worst-case scenario, that is something that is not just done as one state on our own; that is part of a national process. It is part of work that is coordinated from a medical point of view by Brendan Murphy as the Chief Medical Officer of the Commonwealth working with all of his state and territory colleagues. Health ministers are very much engaged, and secretaries of health departments are also very much engaged at that senior official level. Notwithstanding some of the issues about getting everything we needed exactly in the right place at the right time—it has been challenging from time to time—I think the team has done a mighty job making sure that we have got enough. Without the stocks of PPE that we have been able to secure, we would not have been able to do 161 000 tests. The other point as well is that,

just as masks and gloves and gowns are very important, so too testing kits are very important, and they came under some really significant supply chain pressure too. But we were able to secure enough test kits so that we could do this blitz and continue to do more testing than any other state. That is our aim because that will give us the best evidence and give us the most options as we seek to ease some of the restrictions that we had no choice but to impose upon the Victorian people.

**Mr RIORDAN:** Premier, thank you for appearing at PAEC. It is disappointing, as I pointed out earlier, that you were not able to join us here in person, but I guess it is what it is. I would like to start first with your announcement yesterday about cafes and restaurants. Was your decision to continue to leave cafes and restaurants closed based on medical advice or on your own personal decision?

**Mr ANDREWS:** Thanks, Deputy Chair. Each of the decisions that the Government announced yesterday were based on a range of different factors, whether that be advice from the Chief Health Officer in terms of the public health implications of any decision we make, and then beyond that, things like how practical are the measures and steps that we might take. There is a range of different considerations that we look to to make decisions that are cautious, that are safe and that are appropriate given the level of disease within the Victorian community and the fact that we do need to be gradual. I think all of us could agree that it would be great to be able to have all of these rules come off as soon as possible. I think the experience in many different parts of the world is where they have moved too quickly and done too much too soon they have now got second waves and have had to go into lockdowns that are much harder.

On cafes and restaurants, I suppose the best way to answer your question is that there are a couple of issues here. Firstly, from a public health point of view we cannot simply have everybody going about their business as they normally would. We cannot have everyone travelling around the community as if this was not real. So there will always be some steps that you might like to take, but public health dictates that you simply cannot. We have got to limit the number of people who are moving around. That is why there are reasons, or rules if you like, as to why people should leave their home, and we had to make choices between—

**Mr RIORDAN:** So there is public health advice that you have got that the limit of 10 that every other state has brought in is not suitable for Victoria?

**Mr ANDREWS:** Well, some states have announced that they are moving to that. They have not in fact moved to that yet, Mr Riordan. Other states will make their own decisions. If I can take you back to first principles, one of the most important decisions I think that national cabinet has made in the many, many meetings that it has had is that each state and territory should make decisions proportionate and appropriate to the circumstances that they face.

**Mr RIORDAN:** No, I realise that. You have made that point many times in public. My question was: your decision yesterday—

**Mr ANDREWS:** I think it is really important to—

**Mr RIORDAN:** which has left many small traders who have been ineligible for your small business grants and really need to get going again—otherwise they are not going to be able to pay rent and stay afloat. They want to know was it medical advice? From what you are saying, you do not have medical advice to that effect.

**Mr ANDREWS:** No, that is not what I am saying at all. I am quite surprised that you would infer that. All the decisions that we make—

**Mr RIORDAN:** Okay, we have got a lot of questions. We will ask you then to table that medical advice, if you could.

**Mr ANDREWS:** Let me just be very clear with you. For all the decisions that we make about imposing restrictions and removing restrictions the Chief Health Officer has complete confidence in the decisions that we have made. He is part of that decision-making process. As I have said to you, there are public health reasons why you cannot open everything at once, and then there is also certainly a lot of feedback from a lot of businesses—

**Mr RIORDAN:** So those small cafes that are next to large supermarkets and hardware stores who have got hundreds and hundreds of people going through them and milling about, they just have to take it that that is your

decision on their behalf that they remain closed and those five tables that they could have had out the front will not be there for another month?

**Mr ANDREWS:** I think that I would ask you to appreciate that the cumulative effect of letting off pretty much all the rules will mean that we have pretty much everybody going about their business—

**Mr RIORDAN:** I don't think letting 10 people—

**The CHAIR:** Deputy Chair, if you could allow the Premier to answer the questions please.

**Mr ANDREWS:** Ten people in every cafe across the suburbs, the city, the state is a very significant number of people, Mr Riordan, and we have taken a cautious approach. That is the advice of the Chief Health Officer. These are orders of the Chief Health Officer, and they are only removed by the Chief Health Officer. So the notion that this is not a matter of public health is simply wrong in fact, and common sense would indicate otherwise.

**Mr RIORDAN:** Okay. Just quickly, some feedback on your decision this morning about schools. Families that send their children in years 3 to 10 because they are unable to leave them at home, will those students be receiving full classes or will they be just doing the same work that they would have been doing at home and just supervised in mixed-age groups at the schools?

**Mr ANDREWS:** They will be learning like children today. So what we have got at the moment is we have got about 97 per cent of kids at home, we have got 3 per cent of kids at school, and children, regardless of setting, are learning exactly the same. That will be maintained as much as is possible. We think a staged approach is really important. Giving parents notice is really important too, Mr Riordan.

The other thing too to remember I think beyond 9 June, once we have got everyone back at school, is that there will be some students who because of health conditions, because they have got a whole range of issues that mean their risk is much higher will have to work from home—they will have to continue to study from home, learn from home—and I am really confident that school communities, teachers, principals will engage with them and put in place the most appropriate arrangements for their safety. I think it is a big step today, and one that will be welcomed by parents, and we thank parents for the big contribution they have made.

**Mr RIORDAN:** And just finally, when did you get that official advice from the health officer that it was safe to start school on those dates?

**Mr ANDREWS:** We have been having conversations for some days now about each and every one of the rule changes that we have announced, both some of the changes you referenced in your earlier question and the announcement that is made by schools today. To be very clear—

**Mr RIORDAN:** So are you in a position to table that advice for us?

**Mr ANDREWS:** Well, the Chief Health Officer appeared at the media conference today. He is part of the announcement. Again, public health orders that are made by the Chief Health Officer can only be unmade by the Chief Health Officer. So it just does not stand up—

**Mr RIORDAN:** But the advice to you and the Minister.

**Mr ANDREWS:** Well, the Chief Health Officer is involved in all of these decisions, and as I have attempted to point out to you, Deputy Chair, the Chief Health Officer makes these orders. He unmakes them as a function of law, so the notion that he is not involved—

**Mr RIORDAN:** But Premier, there is confusion—

**Mr ANDREWS:** just does not stand up to any logic.

**Mr RIORDAN:** because the Chief Health Officer has been saying that schools are safe for many, many weeks. It is only yourself and the education minister who have said that we cannot go back to school, and it is only then today of course that you have given a date, and a date that many people have been anxiously waiting

for. So the question just simply is: can you table advice from the Chief Health Officer when he said it was okay to go back to school?

**Mr ANDREWS:** The Chief Health Officer is going to appear before you, Deputy Chair, and you can put those questions to him.

Just before we leave this topic, though, because, as you say, it is a very, very important one, the Chief Health Officer's position on this has been very clear: schools are safe, otherwise they would not be open, and every single Victorian school has been open, albeit there have been small numbers of students. But the schools have been open. Beyond that, though, the issue in relation to advice around schools was simply until we had all of those tests done, had confirmed how much virus was in the community, we did not want a million kids, tens of thousands of—

**Mr RIORDAN:** So, Premier, based on that logic, and I have heard you say that a couple of times, you only made the decision this morning even though you would have had to prepare earlier than that, because you still have not even got all the results for the 167 000—

**Mr ANDREWS:** No, I am not saying that at all.

**Mr RIORDAN:** But look, we need to move on. Premier, on 30 April Neil Mitchell asked the Chief Health Officer whether the decision to name a cluster facility is his decision or a Government decision. The Chief Health Officer responded, 'Look, it's really both'. Premier, do you agree with the Chief Health Officer that the decision to name a location which has a positive COVID test is a joint decision of your Government and the CHO?

**Mr ANDREWS:** Well, it is certainly not a decision that I am involved in, and not a decision that I think any minister is necessarily involved in. You can put that quote, that comment, to the Chief Health Officer when he appears before you, but those sorts of decisions are, in my experience—both in my current role and previous roles that I have been honoured to play—matters for the public health team, and they go through a process and they make very difficult judgements. Will it help in contact tracing if you name the business? Will it help in protecting public health if you name the business? There has been, for instance, an example about a GP clinic—

**Mr RIORDAN:** Yes.

**Mr ANDREWS:** and that was appropriate. Otherwise people might well conclude that it was their GP clinic when in fact it was not. They are judgements that are made by very seasoned—

**Mr RIORDAN:** And, Premier, would it interest you to know that Cedar Meats had many contractors through the premises and many came through my electorate, and that is the livestock transport industry. Now, those people in that industry have gone right throughout the state of Victoria having not had any warning, nor all the farms and communities that those workers went to. Had they been notified publicly that they had been in a premises with the disease, a potentially much worse situation could have been avoided. Does that concern you?

**Mr ANDREWS:** Well, every outbreak needs to be managed appropriately, every outbreak needs to be managed as carefully as possible, and it is my view, the view of the chief health officer of the Commonwealth as well as the view of the Prime Minister that these issues have been handled as well as they possibly can be. Brendan Murphy made it very clear that this was a model example of dealing with an outbreak of its kind.

**Mr RIORDAN:** Well, Premier, I can tell you it is the view of lots of people in the community that it was not so appropriate.

**Mr ANDREWS:** Well, again, that is entirely matter for you, Deputy Chair. I am quoting you, directly quoting you, from Brendan Murphy, who in the national cabinet meeting last week on a number of occasions made the point that in his view—and he has been doing this for a while—that this was 'a model example of how to deal with an outbreak of its kind', and I am very grateful to the team who have done a lot of work around this outbreak.

**Mr RIORDAN:** And I think the growing list of people with the illness is probably evidence that that may not be the case. Is it the reason why you did not name Cedar Meats because of their close Labor Party associations with ministers and senior MPs, as long-serving members of the Labor Party and their \$15 000 donation that you used to help become Premier? Would that have influenced you at all?

**Mr ANDREWS:** No.

**Mr RIORDAN:** And has your office been advised that Cedar Meats were texting MPs to plead with them not to disclose the business name when the cluster story first broke?

**Mr ANDREWS:** No.

**Mr RIORDAN:** So no-one has advised you at all? None of your MPs received the text or advised you?

**Mr ANDREWS:** I have no such advice, none whatsoever.

**Mr RIORDAN:** Premier, in terms of—and the time has expired, so thank you.

**The CHAIR:** It has, Deputy Chair. Thank you, Deputy Chair. I will pass to Pauline Richards, MP.

**Ms RICHARDS:** Thank you, Premier, and thank you to the officials appearing here today. Premier, you earlier gave evidence in response to Mr Maas's question about personal protective equipment for healthcare workers, and I am interested in hearing what other support Government is providing to our frontline health workers to protect their health and safety.

**Mr ANDREWS:** Thanks very much, Ms Richards, for the question. Obviously there are those very practical matters of the sort of equipment that our frontline staff need. I have gone to some of those issues already. There are a number of other innovative ways in which we are supporting those workers who are putting themselves in harm's way to keep the rest of us safe, whether it be appropriate hotel accommodation, free of charge often, to make sure that people can isolate from a vulnerable member of their household so that we can have, if you like, a secondary team of people to play critical roles safe in the knowledge that they could not have been exposed to the virus because they have been quarantining. All of those sorts of issues have been front and centre for us, and I want to thank the health minister and the Secretary of the Department of Health and Human Services for the very creative way in which they have engaged with our workforce to keep them safe, to in turn keep the rest of us safe. It is a simple thing, but we have been quite creative and innovative around that.

We also have a number of staff who are in higher risk age groups, for instance. We have tried to balance that, change the way in which some of our work practices are properly conducted. We have seen some positive tests amongst healthcare workers, and that I think just makes the point that they are at increased risk. Not all of those infections have been part of their work, not all of those infections are traced back to a workplace, but we have seen some of that. And I just want to thank all of our frontline workers—and it is not just clinical staff. It is cooks and cleaners, orderlies, people who are doing administrative work in our hospitals. They have all done a mighty job. They are at increased risk because of the nature of their work and the settings in which they work. That is why asymptomatic testing of healthcare workers and aged-care workers—we should not forget them either, particularly in the 180 public residential aged-care facilities that Victoria is proud to have, the most of any state. We have also made sure that asymptomatic testing is a feature of our blitz so that we can be absolutely certain that people are not, unbeknownst to them—they think they are doing the right thing staying away if they have had symptoms. They in fact do not have symptoms; that is the nature of this virus, and we are learning more and more about the virus each day, each week. So we very much value those frontline workers who have been working very hard to make sure that we protect them, keep them safe so that they can in turn provide care and support to those who need it.

I think of our 161 000 tests, and of course that number will grow as we do more and more tests each day, there are about 37 000 healthcare workers and aged-care workers that have been tested. Of course, very few of them, if any, had symptoms. They would not be at work if they did. But the asymptomatic nature and pre-symptomatic nature of this virus, where you could appear otherwise well but have it and potentially spread it, does present really significant logistical and practical challenges to all of us. But I think our health team are equal to that challenge. You can never take the opportunity too often to say thank you, so I will again say thank you to all of them.

**Ms RICHARDS:** Thank you, Premier. In the earlier evidence as part of the presentation you did mention the *Greg Mortimer* ship. Could you please explain how the Victorian Government responded to the arrival of the flight from Uruguay on 12 April? I know it carried a number of passengers from the *Greg Mortimer* cruise ship and they were shown to be positive for coronavirus.

**Mr ANDREWS:** Thanks very much, Ms Richards. This was very challenging. I do not know that we have seen a circumstance like this anywhere else in the country. Now, there have been cruise ship issues and lots of other challenges. I am not for a moment suggesting that other states have not had really big challenges to deal with as well. But when you think about it—I think I said 120 earlier on; I think the number might have been a little bit less than that, more like 112, 113 passengers—70-plus of those had already tested positive. They tested positive some days before they flew. Of course, it is a long flight. They did have some medical support on the plane, but you would not call it a formal medical evac, with all the sorts of high-tech equipment, various levels of intensive care on the plane. It was not at that level. So it was unique and very challenging.

I had a conversation with the Prime Minister prior to the plane arriving—I think a day or more before then. Colleagues were in contact with their federal colleagues. I know Minister Mikakos was speaking with Minister Hunt about these things. Officials were working very closely together. This did present a really significant risk. If this had not been managed well, then we could have seen all sorts of really bad public health outcomes. But essentially there is a protocol: there is an assessment made when everyone gets on the plane, there are assessments throughout the flight and then there is an assessment some 1 hour before the plane lands to make sure that the health status of everybody in the air is known to those on the ground. The plane lands; the plane then goes directly into a cordoned-off area. There are assessments again made by the public health team and medical team on the ground. Then people were directly transported from the plane into buses. There was, I think, one ambulance transport—one person was in fact taken for hospital care—but the rest of the passengers travelled by a bus to the hotel they were staying at, and they then went into that compulsory hotel quarantine for 14 days.

This was very well handled—complex, challenging, unique. We have not seen anything like this since. We cannot rule out that we will at some point in the future, but I had a subsequent communication with the foreign affairs minister, Minister Payne, who I think was very pleased to see the way it had been handled.

I gave a commitment to her and through her to the Federal Government that we would continue to do anything we can to safely and appropriately see Aussies come home. That is a fundamental right. If you want to come home to a place that is the envy of the world, then we should take all steps to try and make that possible.

This was very challenging, and I want to again thank whether it be ambulance paramedics, members of the public health team. SkyBus have done an amazing job for us—those bus drivers and their whole team. And of course the army of people who are working in our accommodation hotels under a plan put forward by Victoria at the national cabinet to move to a compulsory hotel quarantine model, which was very quickly adopted around that national cabinet table by all states and territories. I think it has served us really well.

But even with good policy settings this was a unique set of circumstances, and it was very well managed. And we wish all of those persons who are positive, all those people from that particular flight and from the repatriation back to Melbourne, we wish them well.

**Ms RICHARDS:** Thank you, Premier. I am going to now take you to an area that of course has been of interest to governments around the world, and that is our hospital system. I am interested in finding out what steps the Government took to secure sufficient hospital capacity for the peak of the coronavirus.

**Mr ANDREWS:** Thanks very much, Ms Richards, for the question. As I said before—I kind of alluded to some of these issues around PPE—we have literally got the whole world trying to source the same equipment at the same time, and that has put some really significant pressure on otherwise well-established and quite secure supply chains. We have taken the approach that we should reach out into the world, use that overseas office network, to get the kind of equipment that we need as well as, where possible, have as much local production, whether it be in Shepparton making masks or some other businesses across metropolitan Melbourne that have been critical to try and produce a locally manufactured ventilator—a fairly simple piece of equipment but not something that we have had much history of making in recent times. So we have been able to engage with lots of different companies. They have all played a role.

The key point here is that so successful have we been in suppressing transmission that some of the earlier capacity that we had to plan for—many thousands of ventilators, many thousands of intensive care beds at different levels of acuity—it would seem, on trend, if we continue this way, that we in fact we will not need that level of equipment. I have been asked this question a few times, ‘Well, if you’ve got all these ventilators coming and if you’ve got stockpiles of PPE and other equipment, what will you do with that?’. Well, there are probably a couple

of points to make, I think, Ms Richards there. There may be other countries in our region, other countries in the world, who need that at a later point. This pandemic is far from over and presents in different ways. There will be different needs in different parts of the world, and if we can be of assistance to others, then of course we will.

The other point too is that—further to a point I made just a little while ago—there is perhaps good reason for us to rethink what we believe to be an adequate stockpile, and maybe there is a very strong case for a Victorian stockpile. Some of these pieces of equipment, some of this material that we have been able to source and indeed manufacture locally—they might become the very first deposits into that Victorian medical stockpile, one that I think might serve us very well into the future.

So the industry department, Minister Pakula, my parliamentary secretary, Danny Pearson—so many people have been involved in this. Other ministerial colleagues across the Government have worked really, really hard to try and both source product from overseas but also make sure that we are getting the very most out of local manufacturing. One of the changes to our economy might be, Ms Richards, beyond this pandemic that we do start to manufacture some things that we have always turned to the world—or certainly in recent decades we have turned to the world—in order to source, because when they are needed most those supply chains that are well established and usually solid can sometimes come under real attack. It can be quite hard to get the things you need when everybody is trying to source them at the same time.

**Ms RICHARDS:** In the 40 seconds or so we have left, I am interested in hearing how much additional equipment was required to prepare the hospital system.

**Mr ANDREWS:** Sure. I am more than happy to write to the Committee as appropriate. I think the health minister is before you later on today, and she will be able to give you a very lengthy and detailed answer. She is the one that has driven and led that process, and I thank her for that work.

**Ms RICHARDS:** I know that we have had—I am just sort of conscious of the clock now—some additional beds as well, so perhaps I am interested in finding out later about how we are staffing those beds.

**Mr ANDREWS:** Certainly. I am sure the minister can take you to that.

**Mr HIBBINS:** Thank you, Premier, for appearing this morning. I want to ask firstly about the Government's assistant package for renters, and the legislative changes that have been put in place were obviously very important so we did not see a wave of evictions from renters during this crisis. But there are real concerns that after the six-month period and after the no-eviction period has finished we are going to see renters having to pay back debts and then potentially face eviction and face blacklisting. What is the Government doing to ensure that we do not see a wave of evictions once the no-evictions period is over?

**Mr ANDREWS:** Well, thanks for the question. It is a very serious matter and one that national cabinet turned its mind to both for renters of residential properties and commercial tenants as well. These are unprecedented times. We have never before had to deal with these sorts of circumstances. I think the national agreement—those consistent principles and the legislation that each state and territory has been able to deal with—I think has made sure that hardship is the central issue here. We do not want to see people homeless. We do not want to see people with a black mark against their name, with a tarnished tenancy record. We do not want to see really difficult circumstances made even harder. That is why we have made the changes that we have made.

I suppose the simplest way to answer your question is that—just like JobKeeper and JobSeeker and so many of the other arrangements that have been put in for a period of time—they may need to continue beyond that time. If we have to do more to continue to support tenants, if we need to do more to continue to bring together landlords and tenants to have a good-faith negotiation, of course, Mr Hibbins, we would always look to do that. Part of the challenge of such unprecedented circumstances is none of us can be quite certain where we will be in six months. Six months was thought to be an appropriate period of time. These matters do in fact sunset at that point. They need to be remade. That was something that I think the Parliament was very keen to have, if you like, given that it was uncertain how often we would be sitting as a Parliament. We will look at this very closely, and if you have got any specific cases where you think people have not been treated fairly in your local community—or others that might have made representations to you—I am more than happy for you to pass those on to me and I will make sure that consumer affairs follow up on that.

**Mr HIBBINS:** Well, that is the case, Premier. We have been contacted by a number of renters where landlords have been unresponsive, offering deferrals rather than reductions, excessive personal information being requested, which really points to the problem of good-faith negotiations. It works well when you have got both parties acting in good faith, but when you have got such a significant power imbalance that can often be not the case. Can I ask: do you have details in terms of just how many rent agreements have actually been registered at this time?

**Mr ANDREWS:** I do not have those matters to hand, but I am certainly happy to get them for you and for other Members of the—

**Mr HIBBINS:** That would be really helpful, Premier.

**The CHAIR:** I have stopped the clock. We seem to have lost the connection momentarily. We will just pause the Committee while the connection is re-established.

### Hearing suspended.

**The CHAIR:** We have reconnected, so we will resume the time at 8 minutes 42 with Mr Hibbins.

**Mr HIBBINS:** Thank you, Chair, and I was looking for information regarding how many times the dispute settlement centre and dispute resolution services have been accessed. I will put them on notice, but just to confirm that neither of the secretaries have that information on hand either?

**Mr ECCLES:** Premier, no, I do not.

**Mr ANDREWS:** I am more than happy to make sure that we come back to you, Mr Hibbins.

**Mr HIBBINS:** All right. Well, I am looking for information around the average time it takes for a resolution, the average amount of rent reduction, the number of binding orders from the chief dispute officer that have been issued and the time it has taken for the binding orders to be made. And I would also like to—

**Mr ANDREWS:** Can I just say, Mr Hibbins, not only will we get you the information that you are seeking to the extent that we have that, I am more than happy to arrange officials from the department to brief you if you would like a briefing on these matters.

**Mr HIBBINS:** Great, thank you. We will see what we can get out of the PAEC hearings. Do you have information in terms of the rent relief payments? That was, I think, payments of up to \$2000. That works out to be \$80 a week. How much of that has actually been expended so far?

**Mr ANDREWS:** I do not have a full breakdown for how much of that has been paid. It is obviously paid as agreements are entered into, and where that agreement still leaves the tenant in rental distress, where they are paying more than 30 per cent of their income in rent, that will be paid out as it is needed. I would make the point: this is the most significant scheme of its kind anywhere in the country. It is the most significant assistance provided by any state or territory.

**Mr HIBBINS:** Well, if we could get data around just how many payments have been paid and the average size of the payment, that would be helpful to the Committee. Thank you.

**Mr ANDREWS:** Certainly; happy to do that.

**Mr HIBBINS:** Thank you. One of the issues around that payment, particularly for people living in shared houses, is that household income rather than individual income is one of the eligibility requirements, meaning some people will actually miss out if they are in hardship because their housemates are earning above the threshold. Why was that decision made to make it household income rather than individual income?

**Mr ANDREWS:** Look, I think, Mr Hibbins, whenever you have got to determine eligibility for a program that is many millions of dollars of taxpayers money, whenever you have got to draw a line, then there will always be some challenges with that. Again, I am happy to follow up on any individual cases that you raise with my office. Beyond that, though, this should not be seen as the only support that we have provided. There are many

other things that we have done. I will give you one example: again, the most significant program of its kind, particularly for international students, and we know that some of those experiencing—

**Mr HIBBINS:** With all due respect, Premier, I am focusing on just housing at the moment. I have got limited time.

**Mr ANDREWS:** Yes, and I am making the point to you that as important as those measures are, there are other things that the Government is doing. I am happy to follow up on any individual cases that you have. These matters are always complex. Whenever you draw a line, whenever you have eligibility, there will always be some people in and some people that are not.

**Mr HIBBINS:** Well, hopefully—

**Mr ANDREWS:** I suppose the other point to make is that this is written with, I think, a commonsense assumption that there will be good-faith negotiation. If there is not, then there are dispute resolution processes. And whilst they are working well, I do readily concede there may be some people for whom they are not working well, and we are always—

**Mr HIBBINS:** Well, we would like some data and information to determine how it is working and whether it is working well, and hopefully the Government can work to the circumstances of the individual, particularly around shared houses.

Now, I want to touch on an issue that you brought up earlier, and that is around homelessness. I understand the Government has invested \$6 million for housing providers, which has been successful, getting around, I think, 1000 rough sleepers off the streets and into hotels and motels. Can we just get some details around what is the time frame and how much has been expended so far? What is actually \$6 million getting us? Is it getting rough sleepers off the streets for a month, six months?

**Mr ANDREWS:** The plan for the expenditure of that money and some of the partnerships that we have been able to enter into, Mr Hibbins, is for six months. I want to make it clear to you that I had a conversation with the Lord Mayor only a couple of weeks ago—we have been catching up obviously regularly about things in the centre of the city—and they have been able in partnership with us and other homelessness service providers to achieve an amazing outcome where I think I would say of about 360 people who would normally be homeless, rough sleeping on the streets, there is only literally a handful that have not been able to be appropriately accommodated as part of the partnership we have with the City of Melbourne. We both committed then, and I will commit to you again now, that if we can continue this work well beyond the pandemic this gives us, I think, real hope that we can give dignity, security and safety to many people who we have not been able to do that for.

**Mr HIBBINS:** Well, I mean, you have not been able to do it for them because obviously the funding has not been allocated, and I reckon \$6 million over six months to be getting 90 per cent of rough sleepers off the streets is a pretty good investment. The big issue now is: yes, what is the Government going to do to make sure that (a) people do not end up back on the street and to make sure that people in temporary accommodation are actually going to be put in secure accommodation?

**Mr ANDREWS:** Well, I do not really see this as a point of argument. I think that we can be very pleased with the progress that we have made. Again, even the worst of times can sometimes deliver some positive outcomes, and if we can continue that, then we absolutely will. And I would make the point to you that we have invested in many different ways to support housing—social housing, affordable housing, public housing. This is not the first intervention we have made in homelessness services, and I am more than happy to write to the Committee with a full list of all the things that we have done over these last five and a half years. This pandemic brings some urgency. It brings a sense of urgency to these matters, and maybe that has made the challenging work of providing placements and secure housing to those who would otherwise be homeless just that little bit easier. It is always going to be hard work, but these numbers are very, very impressive and if we can make these the new normal then we would be absolutely delighted to do that. There will be a cost involved in that, but there is a big dividend as well, Mr Hibbins, as I think you and I both know.

**Mr HIBBINS:** I think we are in furious agreement. It was an urgent problem during COVID and it was an urgent problem prior to COVID. But the question is: from temporary now to permanent. You have mentioned social housing. It has been, you know, supported from a number of quarters that we are going to need more social

housing to put people in permanently, and that is good not only for people who are on the waiting list or homeless but actually as part of the economic recovery to give people jobs. Is that high on the Government's agenda?

**Mr ANDREWS:** Yes, it is, and I will have more to say about housing in its different components. So obviously we have been talking about issues of homelessness. Beyond that there will be others who, because of this pandemic and the economic consequences of the restrictions we have had to put on to save lives, will move into a position of rental stress or mortgage stress. There will be some big challenges there for us to deal with. Then there is also the issue that of all the things you might do to stimulate demand, underpin confidence, get the economy moving again, housing can be done fairly quickly. So for all of those reasons and more, this is something we are giving very active thought to, and those sorts of considerations are with leaders to make some announcements. And when we do I will be only too happy to take you through the detail of that.

**Mr HIBBINS:** Great. Thank you, Premier. Look, in the time allotted I just wonder if we can take you back to when restrictions were first put in and Crown Casino for I think three or four days were given an exemption because in your words they were in unique circumstances. What was particularly unique about Crown Casino that gave them an exemption from the restrictions?

**Mr ANDREWS:** Well, it is the only casino in the state, Mr Hibbins. It is the only venue of its kind. It is the largest single-site employer in the state. I can go on if you like. It is a unique venue. Whether you like the venue or not is another matter, but it is just a matter of fact: it is a unique venue.

**Mr HIBBINS:** Unique that it was a casino—I think we are all aware it was a casino—but what is particularly unique about a casino that gave them an exemption over other industries?

**Mr ANDREWS:** It is the only gaming room of its kind anywhere in the state. And I did not give the exemptions, Mr Hibbins. The Chief Health Officer did. And as soon as they were no longer appropriate and no longer in step with—

**The CHAIR:** Thank you, Premier. The time has expired. I will pass to Tim Richardson, MP.

**Mr RICHARDSON:** Thank you, Chair.

**Mr D O'BRIEN:** A point of order, Chair. Sorry, Mr Richardson. I cannot speak on behalf of the crossbench members, but given we lost 5 minutes of the feed then, can I suggest that that 5 minutes be taken off the Government's time and questions, given that we have a very tight schedule for the rest of the day and we cannot keep putting it back, particularly if this happens again?

**The CHAIR:** There is no point of order. There was an agreement with the Committee beforehand—at the opposition's request—that the time be paused when we lost connection. We paused the time as agreed when we lost connection, and we will now pass further time to the next Government Member, Tim Richardson.

**Mr D O'BRIEN:** Sorry, who is going to lose the 5 minutes that we just lost though then, Chair?

**Mr RIORDAN:** So, you are happy to keep moving the meeting out all day if this continues?

**The CHAIR:** There was no point of order.

**Mr RIORDAN:** We are seeking clarification, Chair.

**The CHAIR:** I am being very clear. There was no point of order. We agreed that when time was lost the time would be paused and then we would continue. So the time is now with Tim Richardson, MP, and there is no point of order or further clarification necessary.

**Mr RIORDAN:** No, you have not answered the question. So, we will just extend the length of the day—that is what we are seeking clarification of—presuming this will continue to happen if the same tin can technology is being used? We have 3 hours in the next session. If we get another 10 or 15 minutes, we are happy to stay, but we are the last speaker on each one and we do not want our time cut short.

**The CHAIR:** I am very glad you are happy to stay; so are we. It is an important inquiry. There is no point of order. We have a previous agreement that the clock will be paused if necessary if we lose connection and everyone

will have their allotted time. That was the agreement that you asked for, and that was the agreement you were given. The time is with Tim Richardson.

**Mr RICHARDSON:** Thank you. I will take my third deep breath. And thank you to the PAEC staff and the Parliament for putting together today's hearings and working their guts out to make this happen and make it safe. Premier, can I take you back to the discussion you had with Pauline Richards, MP, about the increased capacity in the hospital system? You finished off your point talking about the additional equipment that was required. I am wondering if you could take the Committee to how these additional beds would be staffed.

**Mr ANDREWS:** Thanks very much, Mr Richardson. Sometimes the status of a bed is a function of the sort of equipment that is available alongside that bed, and of course it is always a function of the training, the skills, the expertise and the classification of the staff and the number of staff—the ratio of staff to each patient—that each of those beds attracts. So beds that are currently medical surgical beds or high-dependency unit beds can be upgraded to intensive care unit beds. It does not have to be in a specific intensive care unit or ward. If you get to the point where you need to expand that rapidly, there is great flexibility in the system.

We have got about 450 fully equipped ICU beds across the state. There are then those HDU—high-dependency unit—beds. That principally relates to whether the patient needs a machine to help them breathe, and it also has a relationship to number of nursing staff that would be rostered on to take care of them, whether it be one to one or one nurse to two patients.

The ability to flex up, that ability to go further, was obviously something we needed to plan for. And you need to plan for the worst; you have got to assume that things are going to get out of hand, that you are going to lose control of the virus and that you are going to see—back to my original presentation—some of the modelling that showed many, many thousands of cases each day, many thousands of patients needing a machine to breathe and needing that really high and indeed intensive care.

So we had made provision—not all at once and not necessarily on one day—to build to as many as 4000 intensive care unit beds. There were very big orders placed, many of which have arrived and some of which are still to arrive, around the sort of consumables that we need, whether it be disposable items for patients—things like syringes, needles, sutures, tubes, catheters and all of those sorts of things, the sort of consumables that are quite obvious. There are then other machines like dialysis machines, blood gas machines, ventilators, respirators. All of those sorts of pieces of medical equipment have been part of the ordering and stockpiling that we have been doing.

And then of course things like patient monitors, actual beds—physical beds, mattresses—all those sorts of things, IV infusion pumps, all of those supplies that have been sourced or are coming to us because we cannot be certain that we will not need to increase our intensive care unit capacity. You would hope, and it certainly I think would be the view of our senior doctors and senior health planners and those in the public health team, that it is unlikely that we would need to get to that level of intensive care, but at the time the appropriate thing was to err on the side of caution, to place those orders, to work really hard with local suppliers.

And that is why I can confirm for you, Mr Richardson, something like 7000 ventilators have been ordered—some have arrived, some are being made, some will come to us at a later point—13 000 infusion pumps and something like 4500 patient monitors. And then of course there are very large volumes—and I am happy to come back to you with some details on exactly how many millions of gloves we have ordered. There are millions of gowns, masks and a whole lot of material that is very, very important and has been in short supply.

So once you could guarantee an order, the right thing to do was to guarantee it and pursue it, make sure that we have those materials come to us. And as I said, if we do not need them, sadly, tragically I am pretty certain there will be another part of the world that does, and they will no doubt be happy to take them from us and/or we might make some decisions about having our own stockpile just to try and avoid some of these challenges if and when we have to revisit issues like this.

**Mr RICHARDSON:** Premier, obviously the coronavirus pandemic is sector blind and there has been work done with the private hospital sector as well. How has the private hospital deal increased the capacity of Victoria's health system overall?

**Mr ANDREWS:** Thanks for your question, Mr Richardson. What we have done—and I want to thank the Commonwealth Government and thank the national cabinet colleagues for this. These are two sectors, but they need to operate as one system. What we have essentially done when elective surgery was stopped—because we had to preserve PPE and we had to preserve capacity in our health system. That meant that one of the very significant revenue items that our private hospitals rely upon was simply no longer there. So we stepped in. Victoria led the way in terms of the design of this model, the design of how we would essentially purchase from the private sector capacity to treat what could have been—and what at that stage looked like would be likely—many, many more patients.

And that could work in two ways. Either we could both share the load, with public and private acting as one system for those who need really high care, or we could take out of public hospitals patients who are at a lower acuity but who still needed to be in hospital and put those in the private system and then be able to turn our public hospitals—if not all of them, then certainly select sites—into almost dedicated intensive care units, high-dependency units. So we have worked very, very closely with the private sector. It has been a really significant financial undertaking by us and other governments. I thank the Commonwealth Government for their involvement in this as well. Again, two sectors but one system, and that is exactly the way that it should be.

We are very pleased to be able to report that elective surgery has of course started again and we have got 25 per cent of appropriate lists based on patient need up and running again, and we will see that gradually expand over time. That will mean that many thousands of patients can get their care regardless of whether they are in the public system or indeed the private system. That was very important to them as patients but obviously as important as well to the ongoing viability of that private hospital system. If we can have that activity, that means less financial support needs to come from the taxpayer to keep those private hospitals viable.

**Mr RICHARDSON:** Premier, can I take you now to something that Victorians have a great familiarity with now, and that is flattening the curve. We have seen internationally and indeed earlier on in New South Wales and Victoria the significant concerns when that curve gets away and the tragic examples of that internationally that we see today. Could you explain how we know that the physical distancing restrictions had an impact on flattening the curve in Victoria and indeed Australia-wide, protecting the health system and saving lives?

**Mr ANDREWS:** Thanks, Mr Richardson. Look, there is probably no more important question than this, and it is always, I suppose, hard to establish or speak in great detail about things that have not happened. It is a very good problem to have that things have not transpired the way they have in so many other parts of the world. But I suppose I would point you to work that Monash University and the Doherty Institute did—very, very detailed modelling, conservative in the assumptions that they made. They were focused on presenting us with not just a worst case but also some variants to that. We were looking at a situation with that trajectory—that dotted line we had in the earlier graph. If we continued on a trajectory that has been a story for so many other countries, then we get to a situation where we have got 58 000 new cases—so the best part of 60 000 new cases—every day. You then have simply no alternative. There is no option with that many cases; any health system will be overrun. There would simply never be enough beds to treat the people who from that cohort each and every day would need hospital care and then in turn many of those would need the highest level of hospital care, intensive care. So that modelling, 58 000 cases a day, would have meant at the peak, on a single day—not a week, not across the journey, but at a single point in time—we would have needed 10 000 intensive care beds and we would have had nearly 10 000 people presenting to hospital every single day. So it would be incredibly challenging for all those resources I ran you through before—everything from beds to patient monitors—and really hard to source that level of the kinds of consumables, the equipment.

Then of course there is the significant issue of would you have enough staff? Would we have enough people who have intensive care, critical care training to be able to provide support and care to that many patients? I think that would have been a very big challenge, notwithstanding some efforts that have gone in at individual hospitals and coordinated by the department of health to train people up and for people to come back into the system, those who perhaps had not worked in critical care for a period of time. There have been a lot of refresher courses. There has been a lot of training going on in recent times to make sure that we could have something approaching the number of nurses, the number of clinicians that we would need.

But to have avoided that is a point of pride for every single Victorian, because restrictions and adherence to those rules, that is what has delivered these outcomes. When you look at New York, Spain, France, Italy and so many other parts of the world you cannot unsee those terrible, tragic scenes. It is something that will be with all of us,

I think, forever, and many countries are still in a real fight. This is not over here either, but to have avoided those sorts of hospitalisations is something that every Victorian can be proud of.

At the same time I do want to extend out my sympathies and best wishes to those families who have lost a loved one and others who are in hospital as we meet today and the people who will inevitably have to get hospital care because of this virus in the weeks and months to come. But our comparison is a favourable one compared to so many other parts of the world. That is why we have to be slow and steady and we have to be cautious in terms of the next steps that we take so that we jealously guard the progress we have made and we do not give back all those gains. A lot of pain has come with this, but I think it is pretty clear that the tragedy that was the alternative would have been both painful—more painful—and of course it is not very good economics either to have this virus run wild and essentially take lives and jobs. We have avoided that, and that is something that every Victorian should be very, very proud of.

**Mr D O'BRIEN:** Good morning, Premier. Just going back to a couple of the questions from the deputy chair, were you aware if the Government agreed with Cedar Meats to withhold their name initially, lest it hurt their business and brand?

**Mr ANDREWS:** Again, I take you back, Mr O'Brien, to my answer earlier: they are not decisions that are made by me. They are not decisions that are made by Members of Parliament. They are decisions that are made by senior members of the public health team, and their only consideration is a proportionate response to the risk that the outbreak poses—issues, for instance: will it make contact tracing easier if we name those businesses? So I think I probably answered your question earlier on.

**Mr D O'BRIEN:** Thank you, Premier. Can I go then back to the issue on schools? When did the Chief Health Officer's advice on schools change?

**Mr ANDREWS:** The Chief Health Officer's advice on schools, as to the safety of schools has never changed.

**Mr D O'BRIEN:** As to whether schools should go back to full face-to-face learning?

**Mr ANDREWS:** We have had an ongoing conversation about all of the restrictions.

**Mr D O'BRIEN:** I understand that, Premier. I am asking when did his advice change. We have had remote learning for some weeks now—

**Mr ANDREWS:** Yes, we have.

**Mr D O'BRIEN:** and it has disrupted the lives of millions of Victorians. And we have been constantly told by you and the Deputy Premier that it is based on the advice of the CHO. You announced this morning we are going back. I just want to know when did his advice change.

**Mr ANDREWS:** The Chief Health Officer has been working with the Government in line with the testing blitz that we have done, in line with decisions of national cabinet and the arrangements that have been announced late—

**Mr D O'BRIEN:** Premier, you are not answering the question. It is a fairly simple question. We have had a big change—

**Mr ANDREWS:** Well, it is actually not a very simple question, because we have numerous meetings with the Chief Health Officer. The Chief Health Officer goes through each and every one of the steps that we are taking, makes assessments, makes judgements about whether that is appropriate—

**Mr D O'BRIEN:** I understand that, Premier, but this morning you—

**Mr ANDREWS:** It is not one meeting.

**Mr D O'Brien** interjected.

**The CHAIR:** Mr O'Brien, could you let the Premier answer the question, please.

**Mr D O'BRIEN:** Well, he is not answering the question. It is a fairly simple question, Premier. You have made a big change this morning that many people have welcomed, that schools will be going back. The Victorian public just wants to know when you received the advice to change that decision. It is a fairly fundamental issue.

**Mr ANDREWS:** Well, what I am trying to explain to you, Mr O'Brien, is that the Chief Health Officer—it is not like we have one meeting and only one meeting and we make decisions on every single matter.

**Mr D O'BRIEN:** Well, why did you make the announcement this morning, then?

**Mr ANDREWS:** The announcement was made this morning because the Government had not yet concluded the work that we needed to do—for instance, engaging with the Catholic sector, engaging with the independent school sector. I will give you one example—

**Mr D O'BRIEN:** All right. Well, when did the Government make the decision to reopen schools, then, given that you then had to do that work?

**Mr ANDREWS:** Well, the Government—if you let me finish my answer—had not concluded its work until last evening. I will give you one example. You may be interested to learn—I certainly did not know that this number was as high as it is—there are 36 000 year 10 students who study a year 11 subject. The status of those students, and could we have them go back as part of the prep, grade 1, grade 2, year 11 and year 12 cohort for 26 May, that matter was only settled last night. There have been numerous discussions with the Chief Health—

**Mr D O'BRIEN:** So you can tell us when that matter was settled. I am clearly asking: when did you get the advice from the CHO that schools could go back? And can I ask—because you are not really interested in answering it—does the CHO give you written advice or is it all done by meetings face to face?

**Mr ANDREWS:** No, the Chief Health Officer provides advice in lots of different ways. If you want a definitive date, because there were multiple discussions, literally hundreds of discussions, between—

**Mr D O'BRIEN:** I understand that, Premier, but there must be a time when the Chief Health Officer said, 'Yep, I'm satisfied schools can go back', and you started the work.

**Mr ANDREWS:** Mr O'Brien, we have been working to announce what we announced yesterday—all of those changes, the first steps in restrictions—and we have been working to the announcements we made today around the clock for many days. If I could point to—

**Mr D O'BRIEN:** Okay, Premier, can—

**Mr ANDREWS:** Well, you have asked your question, and I would not have thought it was unreasonable if I was given an opportunity to answer it. It is a serious issue. It is a very serious issue.

**Mr D O'BRIEN:** Well, Premier, given the background you are providing to us, will you provide to the Committee any of the written advice that the CHO has given you, particularly on schools?

**Mr ANDREWS:** I am happy to give consideration to whatever is appropriately provided to the Committee. That has always been my position; on the many, many occasions I have appeared before this Committee that has not changed. Of course you have the ability to have a proper conversation as well if you choose to with the Chief Health Officer when he appears before you.

**Mr D O'BRIEN:** And we will do that, Premier.

**Mr ANDREWS:** Terrific.

**Mr D O'BRIEN:** But you are the witness at the moment, so we are asking you the questions on a very big decision you made this morning.

**Mr ANDREWS:** A really important decision—I think a good one, and one that will be supported by families right across the board. It is not like, Mr O'Brien, we are asking students to go back to school tomorrow. We are giving them quite some time, quite some notice, which I think—

**Mr D O'BRIEN:** That is another issue. I suspect that many parents and students would be happy to go back tomorrow if you would allow them to. Have you or your office had representations from the Australian Education Union on this issue?

**Mr ANDREWS:** I have not spoken with anybody from the Australian Education Union, but given that they represent the vast majority of teachers and that teachers are pretty important when it comes to educating our kids, no doubt the Deputy Premier and education Minister has had many conversations, not just with the AEU but with the Independent Education Union, with the principals association, with government schools, with Catholic schools, with independent schools. I think that doing your job properly in that portfolio is engaging with staff, with parents, with teachers, with students. That is what the education Minister does.

**Mr D O'BRIEN:** We will get to the Deputy Premier later, Premier. The national cabinet, of which you are a member obviously, announced the framework on Friday. You announced the Victorian changes yesterday. Why didn't you just come out after the national cabinet on Friday and make the decisions on the gradual easing there and then for Victorians?

**Mr ANDREWS:** Well, you may not have noticed, but I had a press conference straight after the Prime Minister gave his press conference. He is the chair—

**Mr D O'BRIEN:** And said, 'I'll tell you what we're doing on Monday'. I am just asking why you did not do it straightaway on Friday.

**Mr ANDREWS:** Yes, that is right, because we were in the middle of a testing blitz, Mr O'Brien. I am not sure if you are aware—

**Mr D O'BRIEN:** Very aware of it.

**Mr ANDREWS:** we have done 161 000 tests.

**Mr D O'BRIEN:** So on that, what changed in the results of the testing blitz from Friday to Monday?

**Mr ANDREWS:** Well, there were many thousands of tests that were processed, and we moved beyond the 100 000 test mark, which had been our aim. That had been the criteria that we had set. That needed to be analysed. I take a view that if someone—

**Mr D O'BRIEN:** I understand that, and that is very important, Premier, but what I am asking you is: what changed from Friday to Monday in the results of the testing?

**Mr ANDREWS:** I think I have just answered your question. Unless you are prepared to guess at what the results are, you need to wait for the results, Mr O'Brien. I take the view that if someone has queued for an hour or more to get tested, we still have not reached our 100 000 target and we have got tests in the laboratory and it is just a matter of time to wait for those results and to analyse those results, that is the responsible and prudent thing to do.

**Mr D O'BRIEN:** I understand that.

**Mr ANDREWS:** It may not be the popular thing to do, but in my judgement it is the right thing to do.

**Mr D O'BRIEN:** Presumably, based on what you said on Friday, you did analyse those results over the weekend, and I am asking what changed.

**Mr ANDREWS:** I am not quite sure what we are arguing about here, Mr O'Brien. The results were not in.

**Mr D O'BRIEN:** Victorians have been under the harshest lockdowns in the nation, and you basically indicated there was no change in the testing results between Friday and Monday, and yet—

**Mr ANDREWS:** That is not what I indicated at all.

**Mr D O'BRIEN:** Well, what did change? I have asked you to give us an answer.

**Mr ANDREWS:** Well, unless you process the tests—unless you actually have results—then anything short of waiting for those test results is guesswork, and I do not think that is the appropriate thing to do. The fact that we did not have thousands of positive tests—I hardly think that is something to criticise the Government about, Mr O’Brien.

**Mr D O’BRIEN:** I am not criticising the Government, I am asking—the nub of the question really is, Premier, what changed. What was the public health issue that changed between Friday and Monday, or was it just a political stunt to string it out for a bit longer for you?

**Mr ANDREWS:** No, it was not. No, it was not, and I think you understand that it was not. I think it is quite a pleasing thing that as more and more results were known, as more tests were processed we did not see thousands and thousands of additional cases.

**Mr D O’BRIEN:** Right.

**Mr ANDREWS:** The fact that we did not have the results was reason enough to wait and then of course to make cautious first steps in all the areas that we have outlined. We had something like 37 000 tests—

**Mr D O’BRIEN:** Okay, thank you, Premier. I have got your answer to that.

**Mr ANDREWS:** No, no, no—

**Mr D O’BRIEN:** Can I go back to the issue of—

**Mr ANDREWS:** Mr O’Brien, you have been pleased to talk over me all the way through. That is fine. I just want to get one more point on this issue. Thirty-seven thousand tests were processed over the course of the weekend, and I think that just meant we were in a better position to make really important decisions, decisions that you only get one chance to get right.

**Mr D O’BRIEN:** Premier, compared to other states, Victoria obviously had much tougher restrictions on things like fishing, hunting, teaching a learner driver, Mother’s Day visits. Before the Government implemented these much tougher restrictions than other states, did you seek specialist mental health advice on the potential impact of those?

**Mr ANDREWS:** We have been working closely with the mental health sector. We have made announcements, Mr O’Brien, in terms of mental health care, mental health support and services. During this pandemic Minister Foley has made a number of announcements about additional support—

**Mr D O’BRIEN:** Was there specialist health advice provided to the Government?

**Mr ANDREWS:** When the Government, including those who advise the Government like the Chief Health Officer, when we make decisions we make the very difficult judgements and we have to weigh up many different factors, as does national cabinet. I would point to you that many of the restrictions we put in place were a function of national cabinet decisions. We did, for the purposes of consistency, go further in some areas. There are consequences for all the decisions that have been made by first ministers right across the country.

**Mr D O’BRIEN:** I understand that, Premier. It has been a very difficult process, and I absolutely acknowledge that for you and the other members of national cabinet.

**Mr ANDREWS:** I think it is much more difficult for those who experience mental illness. It is much more difficult for those who experience family violence. I was not asking you to feel sorry for any member of national cabinet, Mr O’Brien. They are challenging judgements to make, and we have done our very best to not only make those judgements to provide the greatest good to the greatest number but also, Mr O’Brien, to support those in our community who are hurt more or carry the heaviest burden because of the restrictions that we simply had no choice but to put in place.

**Mr D O’BRIEN:** Can I quickly ask on notice that if you do have any mental health advice that was prepared, it be provided to the committee, please.

**Mr ANDREWS:** There is a whole range of different consultations with mental health experts, and to the extent appropriate I am happy to come back to you on that.

**Mr D O'BRIEN:** Thank you. A very quick question: you will be aware of China's threat to impose tariffs on barley, and Victoria is a very big barley growing state, and also news this morning that a number of abattoirs have been blacklisted by China in response to the coronavirus issue. Will you at all reconsider Victoria's involvement in the Belt and Road Initiative as a result?

**Mr ANDREWS:** I have got no changes to announce to the government's engagement with China. My position on trade and on our partnerships with China is well understood and well known—

**The CHAIR:** I am sorry, Premier, I will have to stop you there. Mr O'Brien's time has expired.

**Ms STITT:** Good morning, Premier, and good morning to your departmental officials with you today. I wanted to take you back to the issue of modelling and the effort to flatten the curve in Victoria. Premier, on 20 April you released some modelling indicating that if the Chief Medical Officer had not have imposed stage 3 restrictions, that we would be facing a far worse situation in terms of infections. Are you able to talk us through the details of that modelling and give us an indication of the impact that would have been the case if those restrictions had not been implemented?

**Mr ANDREWS:** That is a really good question, Ms Stitt. Look, I think I probably dealt with some of these matters in an earlier answer, but that work from the Doherty and Monash University really does give us a very clear sense that if we had not been quick to act, if we had been unprepared to make that really difficult choice between saving lives and saving jobs, if we had not seen this for what it is and that is a public health crisis in the first instance, because there is no repair if we have got tens of thousands of people that die, then obviously that is not an outcome that we can go back and make good.

You have got to avoid that. You have got to do everything you can to avoid that. I am sure that there would not be a leader in a jurisdiction where this has got away from them that if they had their time again, would not have done more and would not have done it sooner. You do not get a chance; there are no do-overs with this. You have to apply those rules of public health. Confirming diagnosis, so testing, very important. Limiting spread through limiting contacts, so contact tracing is very, very important, and then being proportionate and erring on the side of caution. You have got to assume it is there. You have got to assume that it will get away from you, because if you do not, then you really are simply hoping for the best without putting in place a plan for the worst.

This modelling is not done by Members of Parliament. Politicians do not do this modelling. There are people whose life's work—and we have so many of them in Melbourne and across Victoria. Our science is second to none, and the work that is going on at the Doherty, the work that is going on at the Burnett, the work that is going on at universities and in research laboratories right across Victoria again should be another point of pride. We have been able to do the sequencing of this virus first in the whole world. Having talked to Peter Doherty about this personally, we can be very proud of the work of our medical scientists and researchers as well as our public health team and all of those who sit between those two parts of our system doing predictive modelling. It is always challenging, but it is pretty clear to me from the modelling and from the international experience—you turn your TV on and you look at London, New York, parts of Spain, parts of Italy, parts of France and so many other places—that where this gets away from you, there is no pulling it back. It is so infectious.

We have seen with outbreaks in Victoria that it is so infectious, so fast moving. The really challenging part about it, Ms Stitt, is the notion that you can have it, you can be infectious but you have no symptoms or very, very mild symptoms. So the notion that just people doing the right thing, people just self-quarantining when they feel unwell, is still important obviously, but you have got to do more than that because there are people in the community right now as we speak who have this virus and do not know it. So even if they have the best of intentions, it will be no safeguard against the transmission of the disease.

Modelling is really important and then the actuals if you like—so going and testing, and not testing a few hundred or a few thousand but doing a massive testing blitz so that you have got a real sense of a sample that can represent the community more broadly. So it is testing for those with symptoms, testing for those with even the most minor symptoms, if you can see those as two different groups. Then there is asymptomatic testing. That has been a feature of this as well. The lab technicians have done a fantastic job, so has the public health team collecting all those swabs. It does take a bit of time. There is a lag, if you like, between when the samples are taken and when

the results are known. That has been a bit of a challenge in terms of getting the sequencing of all of our announcements right. But I just again make the point: if someone has queued—and it is not one or two; it is thousands, thousands of people that have queued in their cars at shopping centres for lengthy periods of time—the least we can do is wait to get the results, or at least as many as we can, and that is exactly what we did.

This modelling tells a very, very important story of the tragedy, the pain and suffering that we have been able to avoid, but it does leave us with an ongoing public health challenge and a big economic repair job to do, and I think Victorians and their Government are equal to that fact.

**Ms STITT:** Thank you, Premier, it is incredibly important work. Can I ask about quarantine measures for travellers returning from abroad? In late March I think the national cabinet took the step to enforce quarantine for anyone coming back from abroad for a period of 14 days. Could you explain how that initiative announced by the government in March has had an impact on keeping Victorians safe across the community?

**Mr ANDREWS:** Thanks, Ms Stitt. If you look back and look at the number of our cases, so just over 1500 cases if we use that as a round number that we have had confirmed, if you look at those cases, about 60 per cent of those are directly connected to overseas travel or the close contact with someone who has been an overseas traveller. So you can just assume that if we had continued to have our borders open and if we had continued to, as it were, simply have an honesty policy—‘Righto, you’ve been overseas. You’ve arrived home. Go home now. Stay at home for 14 days’—whilst the vast majority of people would have done the right thing, it stands to reason that there might have been some people who were tempted to bend the rules, perhaps, or maybe not follow the rules at all.

It is so infectious; it travels so fast. I freely concede I do not think anyone enjoys coming home after a holiday and having to spend 14 days in a hotel. That is very challenging. But to the staff who have made that possible, we thank them, and to the people who have put up with that necessary measure to try and mitigate and manage the risk that those people pose. Because not every country in the world has got the same settings as us and not every country in the world has got the numbers we have got. They have got outbreaks and they have got a situation where they have fundamentally lost control of this virus.

I made the point at national cabinet, and I was quickly supported by my colleagues, that whilst we would always support people’s right to return home, those people did pose a risk, a really significant risk, and it needed to be taken seriously. And of course we had already had many discussions—not one discussion, not a single discussion, but many discussions—over time with the hotel sector. And the rooms were empty. The rooms were there. There was an opportunity for us to do this, and I think it has been a really wise investment and a policy where New South Wales and Victoria have carried the larger share of that load given the sheer number of overseas flights, international flights, returning to Sydney and Melbourne airports. But it is a very significant number of people, and it will continue as we see more and more people—although those numbers are dropping off—coming back to Australia, back to Victoria from overseas. They too will be quarantined for a mandatory 14 days. That is how we keep all Victorians safe.

**Ms STITT:** Thank you, Premier. Can you talk a little bit about the support for the hotel industry as a bit of a good news story around quarantining returning travellers?

**Mr ANDREWS:** I can say to you, Ms Stitt, that there are something like 9800, just a little more than that. That is the cumulative total of those who have been quarantined—that mandatory quarantine in our accommodation hotels. So 9807 is the most recent update, although that changes. It jumps around a bit, but it is a very significant number. I understand there are some 2911 people that are in quarantine as we attend this meeting today. It has been a massive task. I think just today we expect to have some 96 people arrive and have to go into hotel quarantine, and there are some 76 or 77—I am not quite sure how to reconcile those numbers, but I think it is around that number—who will leave hotel quarantine today because their 14 days have lapsed and they are otherwise in good health.

To all the staff doing catering, doing all the work that makes this possible, I want to say thank you on behalf of all Victorians. They have done a great job. We have hotels large and small. We have had hotels not just in the centre of Melbourne but in some regional communities as well. They have done a really impressive job, and I am sure if you are in New South Wales the New South Wales Premier would have the same view. It is just common sense, it is logical and it has made a massive difference to stopping the spread of this virus.

**Ms STITT:** Thanks, Premier. In the couple of minutes that I have got left on the clock I just wanted to get your thoughts about the testing blitz that we have been undertaking in the last couple of weeks in Victoria and the importance of that in terms of informing your decision-making.

**Mr ANDREWS:** Obviously we set ourselves a target of 100 000 tests. So that was a couple of Sundays ago when I stood up and said, ‘Look, we’re getting to that point where we’re going to have to make some decisions about which rules stay in place, which rules come off and the pace and nature of any easing. Let’s not do that based on guesswork. Let’s not wait and see hospital emergency departments and intensive care units as the ultimate measure of whether we have got a problem. Don’t wait till then. Let’s go and do more testing than we have ever done’. In so doing we have set all sorts of new records—more testing than any state. In fact on certain days, most days actually in the last 14 days, Victoria has done more testing than the rest of the nation combined.

I think that is a mighty effort, and I think it just means that wherever you can be informed by evidence and data—sometimes very specifically but sometimes also just to give you a general sense and as much certainty as you can ever have in a global pandemic about just how much virus is out there and just how much community transmission is out there—you are always well placed. I must say that I did at various points have some doubts about whether we would get 100 000 people coming. It is a big number, but those doubts were misplaced because we got 161 000. There are more today and there were more yesterday that are not included in that 161 000. To everybody who has come forward and got tested, thank you. Keep doing that, even if you have got mild symptoms.

I will just draw you finally if I can, Ms Stitt, to the announcements today about schools. We are also going to do some asymptomatic testing across our teaching and support staff workforce over these next couple of weeks as we build up to that pupil-free day on the 25th and the first day of—

**The CHAIR:** Thank you, Premier. Ms Stitt’s time has expired. I will pass to David Limbrick, MLC.

**Mr LIMBRICK:** Thank you, Premier, for appearing today, and thank you for the presentation. It is one of my tasks to champion the cause of liberty of Victorians, so it would be remiss of me not to start there. The pandemic response has involved significant suppression of individual and social liberties of Victorians. What assurances can you provide Victorians that all of those liberties will eventually be returned?

**Mr ANDREWS:** Mr Limbrick, thanks very much for your question and for the way that you have, I suppose, provided me with some comments and a bit of a frame for the questions you are going to ask. Look, I think a lot of Victorians have given up a lot. I would not necessarily agree with you on the way you have characterised the rules, but what I would say to you is that the suppression we have been most focused on is suppressing this virus. If it gets away from you, as I have said many times and as I think the international evidence bears out, there is no pulling it back—not without many tens of thousands of people dying.

I will give you one example. I have been criticised by a few people who would much prefer to have been playing golf than not playing golf. I do not think it is a fair comparison to compare missing a Wednesday afternoon game of golf with someone losing their job. I am not saying you are making that comparison, but other people have. There are some people who have lost their lives. These are tough decisions, and everyone is expected to make a contribution—because everybody benefits, Mr Limbrick, in us containing this, us suppressing this virus. A successful strategy benefits everybody ultimately, because if this gets away from you, regardless of any individual measure, no family would be spared. No family would be untouched by this. You cannot have literally tens of thousands of people die and not have every single Victorian involved in that. They would be in many different ways.

Now, we have got work to do to get back to a new normal for a period of time. Once a vaccine comes, then hopefully we can get back to normal in every sense. We are a Government that has always been supportive of fairness and being as proportionate as possible. We have had to take extraordinary measures, but these are extraordinary times and Victorians have delivered an extraordinary outcome, Mr Limbrick—one that many countries simply cannot boast.

**Mr LIMBRICK:** There has been a lot of talk of ‘unprecedented’—so, an unprecedented threat from the virus and unprecedented actions required to deal with it and unprecedented, as I would call it, suppression of individual and economic liberties, and that has caused also unprecedented harms. Could you outline for Victorians: what

are some of those harms that you see have been caused by these restrictions on liberties, and were they in line with what you would have predicted when they were considered?

**Mr ANDREWS:** It is a very good question. It is something that we, I suppose, will reflect on and monitor in real time, because some of the costs of this and some of the damage that has inevitably been done and had to be done in order to prioritise life and the protection of public health—some of those consequences—are quite obvious to us now. We are heading towards an unemployment rate that we have not seen for a very long time. We are heading into a period in which already we have seen and we will continue to see damage to many, many businesses, particularly those that are, if you like, on the front line—those that have been most directly affected. But, again, there are supply chain issues. There are issues across the whole Victorian economy. There will be issues of mental health and wellbeing. There will be issues in relation to many different impacts. I do not think we should shy away from having a mature discussion about that.

I thank you for the question. It is a very important one. We give due consideration to all the impacts of all the decisions we make, and sadly it is not a binary thing. It is sadly not a situation where we can make one choice that will be 100 per cent good versus a choice that would be the exact opposite. Sometimes to deliver the greatest good for the greatest number we have to make that very difficult choice where we know there will be damage, we know there will be harm. And that is why national cabinet as a cabinet unity, a unique forum, has weighed these issues up very, very carefully. So has AHPPC, so has Professor Sutton, so have my cabinet colleagues, and indeed that is part of the work that PAEC is doing too.

**Mr LIMBRICK:** I thank the Premier for your answer. With regard to these decisions, there has been a lot of talk about following the advice of the Chief Health Officer. Have there been instances where the Chief Health Officer has made a recommendation for either more restrictions or more easing that you may have pushed back against and actually not taken their advice? So what I am asking is really: have you taken all of their advice or have you pushed back against some of the advice because you see other harms that may have existed?

**Mr ANDREWS:** No, I think that you would best summarise the partnership between the Government, who has ultimate responsibility for these decisions, and the Chief Health Officer, who has got a very clear set of responsibilities under the Public Health and Wellbeing Act—I would not call it pushing back. That is not a relationship that is defined by tension. He will provide advice. We will often ask questions. We may have an idea—we may think about doing something and then we want him to test that. We want his view on that. So it is a lot of back and forth, and it is why whilst there was some questioning earlier about can we point to a precise meeting, there are literally hundreds of discussions—perhaps more than that actually—and it is a really important process.

I would say to you: there is one example. There was an order made in relation to partners who were in a relationship but did not live in the same household. I was asked a question about it, and I instinctively backed the Chief Health Officer. Conveniently for partners who do not live in the same house but inconveniently for me, he decided to change his advice later that day. So I think there has been common sense and some flexibility come to this as well, but I cannot think of any example where he has told us to act and we have said no. If anything we have probably been more cautious—as a State that is—than probably the consensus position of the Australian Health Protection Principal Committee.

**Mr LIMBRICK:** Onto another topic, early on in the pandemic response there was much talk about military involvement and how defence personnel might be used. I think many people imagined that there would be soldiers running around the streets, and that has not really eventuated. It is my understanding that a number of defence personnel were assigned to contact tracing. Could you please describe how those personnel have actually been used in contact tracing?

**Mr ANDREWS:** Mr Limbrick, it is a good question. I think coming off the bushfires there was a real sense of confidence that if we need to again forge that partnership between our emergency services, our public service and the Australian Defence Force that, just like we did in bushfires, we would be able to do that together. I do not have specific examples of exactly what role the ADF has played. I am happy to get that for you, and in fact Professor Sutton might be able to give you some of those details later on. If you do not want to use up time questioning, I am more than happy to get that for you and I will write back to the Committee.

I think you are right to say that early on there was a sense that we might need some ADF support. I think we have received some, but nowhere near as much as we thought we might. We have not made a request because we have not needed to. Although I would point you to, for instance, another outbreak that has been handled, in the view of our public health experts, very, very well of course down in north-west Tassie, where ADF did play a significant role in locking that community down and containing that outbreak. We always like to think, I think, as taxpayers, as members of our local communities as well as proud Australians, that in times of crisis, in times of need, it would not matter what colour uniform people wear, it would not matter whether they get a Federal pay cheque or a state one, all of our experts, all of our brave men and women who serve us, will come together and operate as one team.

I am more than happy to try and get you some information about exactly how much work the ADF has done for us, but if ultimately it is a relatively small number that is no reflection on them. It just means that there was need elsewhere or there was simply not the need that we thought there might be. Just knowing that they were ready and willing and able to support us if we needed them I think was a great comfort to those in the public health team.

**Mr LIMBRICK:** Thank you, Premier. I would appreciate more details on the military involvement in the pandemic. Another thing that I have noticed is that since there has been a general suppression of the liberties of Victorians, there have been certain groups that like the things that are banned—they would like them to remain banned, and I could probably give a number of examples of that. Some people do not like gambling and they would like it to remain prohibited. Some people do not like duck shooting; Mr Hibbins provided an example. In fact there is a number of these things. What would you say to those groups that are using this situation to push for these things? Will you defend against those further restrictions on liberty?

**Mr ANDREWS:** What I would say to you, Mr Limbrick, is that people are entitled to have their own views, and I do not think anyone, say, on gambling has formed a view just during the pandemic. They probably came to this pandemic with a pretty firm view on whether gambling was good, bad or indifferent. To stick with that example, my view has always been that gambling is a perfectly legitimate recreational activity. Going to the pub to have a beer is a perfectly legitimate activity. There will be minorities of Victorians who cannot do that responsibly, and we should support them. That is what we have always done.

Restrictions made for the pandemic and when the pandemic ends—this is not an opportunity to almost by stealth make other changes. Gaming, for instance, is a legitimate form of recreational activity. I acknowledge not everybody believes the same thing I do. Not everyone agrees with me on that, but we are not looking to make those sorts of substantive changes under cover of a global pandemic. So, in short, these restrictions have been made to keep people safe in a public health sense because of a pandemic, and when that risk passes so too will the restrictions that we have put in place.

**Mr LIMBRICK:** I do not have much time left, but one point was—you brought up New York, Paris and London, these other cities that have had terrible responses, and yet some other cities such as Bangkok, Baghdad and New Delhi have not really suffered great problems with the pandemic. How can we be sure that our actions are effective as compared to these other cities, because it does not seem very clear in all cases?

**The CHAIR:** Sorry, Premier, Mr Limbrick's time has expired. You might provide an answer to that question, thank you.

**Mr ANDREWS:** I am more than happy to provide that in writing.

**Mr LIMBRICK:** Thank you, Premier.

**Ms VALLENCE:** Thank you, Premier, and I would just like to reiterate some points made earlier—that it is disappointing that you were unable to extend the courtesy to the Parliament and to this committee by appearing in person, when you appeared in person giving a media conference just earlier this morning.

Premier, you sought authorisation to take Victoria's debt levels, which had already doubled under Labor, to triple the debt, and earlier this week the Treasurer detailed that some of the borrowings may be used for existing recurrent expenditure. Do you concede that part of the \$24.5 billion will be used on recurrent expenditure, including public servant wages?

**Mr ANDREWS:** The money, which the Parliament has approved, is a debt facility. It is a borrowing facility. It is not necessarily all going to be drawn down. It will be—

**Ms VALLENCE:** And will any of it be used on public servants' wages?

**Mr ANDREWS:** I am coming to your question. The governor of the Reserve Bank, the head of the Federal Treasury, our Parliament—through appropriation bills, obviously supply bills that passed the Parliament some weeks ago—has made a decision that in these unprecedented times it is appropriate to have an amount of money set aside to deal with the fact that revenue has absolutely collapsed. It would be nice if that was not the case—that would be far preferable—but the fact is that revenue has plummeted at a time when expenditure, particularly in the health system and support for business has never been higher. So as the governor of the Reserve Bank, Philip Lowe, has noted, we need to borrow to build a bridge to the other side of this crisis. Carrying costs for borrowings have never been lower. An appropriate level of borrowing is a prudent way to go. It is what the Commonwealth Government is doing. It is what every state and territory government is doing. I am not quite sure what the alternative would be.

In terms of the expenditure—to be direct to your question—of any moneys from that Treasurer's advance, I am not going to speculate on that; I am simply going to confirm for you that under the provisions of the *Financial Management Act* there will be a full accounting for any and all expenditure of those funds, duly purposed and duly approved by the Victorian Parliament.

**Ms VALLENCE:** So isn't it that some of it might be contributed to some of the budget black holes that we have already seen on existing pre-coronavirus infrastructure projects?

**Mr ANDREWS:** No, but I think the coronavirus impact across our state is not yet clear. Some of it is obvious, but the notion that we can today call time on all the impacts—I just do not think you can say that.

**Ms VALLENCE:** So you cannot rule out that not one cent will be spent on any of the infrastructure projects that were announced and underway prior to the coronavirus pandemic hitting?

**Mr ANDREWS:** I suppose what I am indicating to you is that if a project, whether it be \$5 million to upgrade a school in any part of Melbourne or across Victoria, were impacted by the coronavirus then it is possible that there will be additional costs. The point here is that all the money that is spent, if it is spent out of that borrowing facility, will be accounted for under the provisions of the *Financial Management Act*. That is the most appropriate thing to do. So rather than speculate now, we can talk about the actuals when I am back in front of this Committee at a later point.

**Ms VALLENCE:** To that point that you just made there, Premier, we would ask that you make available to this Committee the projected expenditure, or the expenditure as it occurs, of the \$24.5 billion. We would ask that you make that available to the PAE Committee, on notice.

**Mr ANDREWS:** Ms Vallenge, just on that issue, I am not in a position to make available to the Committee our projected expenditure, because I do not think that we can properly with any certainty do that. What I am prepared to do under the FMA, I am obliged to do, and I will be more than happy to.

**Ms VALLENCE:** All right. What we would ask on notice as well is if you can provide a line-by-line breakdown to the Committee of expenditure that has so far been expended by the Department of Premier and Cabinet through this coronavirus pandemic, since its onset—if you could you provide that to the Committee and also provide that to the Committee during the course of these hearings?

**Mr ANDREWS:** Let me get some advice on what I can provide and when. Obviously this is a very dynamic situation. I wish I could say to you, Ms Vallenge, that today I could call an end to all the expenditure that we need to appropriately make to deal with the virus. Sadly, I will not be able to do that, but let me get some advice on what I can provide you with.

**Ms VALLENCE:** Premier, I think we all concede that this is a dynamic situation, but I think that the public deserves to know how much has been spent so far, and we are asking that to be tabled to the Committee.

**Mr ANDREWS:** I am actually agreeing with you, or at least I am trying to. I am more than happy to provide you whatever information is relevant and appropriate.

**Ms VALLENCE:** Conscious of time, just moving on: Premier, during this crisis, isn't it a fact that you have acted against the Chief Health Officer or his team at some point during this crisis?

**Mr ANDREWS:** I am not quite sure what you mean by that.

**Ms VALLENCE:** Well, Premier, you mentioned earlier that the Chief Health Officer is involved in all decisions and makes the orders and so forth and that the Chief Health Officer also is part of the AHPPC and you are part of the national cabinet, which, as you just mentioned earlier in the presentation, is a cabinet of unity. Has the Chief Health Officer or anyone else advised that the actions your Government was taking were contrary to the advice of the Chief Health Officer or the AHPPC?

**Mr ANDREWS:** I am still not quite clear on what you are asking, but what I can say is this: if you were to look at the minutes of various AHPPC meetings, you would note that certainly on one occasion—I think on more than one occasion—the Chief Health Officer of the State of Victoria has dissented from decisions of the AHPPC. The Chief Health Officer's first and most important obligation is to the people of Victoria. He participates in national discussions and dialogues, but where he thinks that that group has made a decision that he cannot support, then he courteously, respectfully, makes the point that he does not agree with that. He has dissented from AHPPC decisions, and I think that is a perfectly appropriate thing to do. The AHPPC is an informal committee; it has no formal standing whatsoever when it comes to the *Public Health and Wellbeing Act* of the state of Victoria. Indeed, Ms Vallence, the national cabinet is a relatively informal body as well, given that it is bringing together first ministers. Those first ministers are ultimately responsible to acts of their Parliament and to the people of their state or territory.

**Ms VALLENCE:** Okay then, I am—

**Mr ANDREWS:** I am not quite sure what you are driving at, but that is just the fact of it.

**Ms VALLENCE:** So the Chief Health Officer, has he or his team provided advice specifically to the Government around isolation, you know, the testing blitz that you have undertaken and around the fact that people should isolate once they have been tested?

**Mr ANDREWS:** Yes.

**Ms VALLENCE:** Yes?

**Mr ANDREWS:** The Chief Health Officer and his deputies, and the entire public health team—but then again you can speak to him about this—

**Ms VALLENCE:** Yes, we will.

**Mr ANDREWS:** in my judgement, completely comfortable, supportive of each of the arrangements that we have put in place. There has been choices that have to be made. There will be discussions; it is a proper, robust process, but—

**Ms VALLENCE:** So on that basis then—

**Mr ANDREWS:** if the Chief Health Officer were not comfortable with any of our settings, I think at any of the hundreds of media conferences that he has done he would have made that point. He would never have to of course because we would not act against his advice.

**Ms VALLENCE:** So on that basis, was your office made aware that some of your ministers were tested for coronavirus at pop-up clinics but then failed to isolate and therefore were breaching the protocols as advised by the Chief Health Officer?

**Mr ANDREWS:** I think you need to understand whether the person was symptomatic or asymptomatic, because the protocols differ as to how one should conduct oneself after you have been tested. Really I think that one falls at the first hurdle; there is a difference between someone who tests with symptoms and someone who tests without.

**Ms VALLENCE:** Okay. What I would like for you to provide to the Committee, please, if you could table for the Committee each iteration of isolation, of the requirements and guidelines regarding isolation after testing and when they were changed and why they were changed, including the proposed dates of that iterative process after you said you had many discussions and there have been iterations. If you could table each of those guidelines as they have changed through that iterative process—

**Mr ANDREWS:** Again I am not quite sure what you are driving at, Ms Vallence, but what I can tell you is that—

**Ms VALLENCE:** Well, what I am driving at, Premier—if you are not sure, then I will clarify. There has been a number of changes—

**Mr ANDREWS:** It is your time, Ms Vallence, if you want to clarify now, that is fine.

**Ms VALLENCE:** There have been a number of changes, and I am asking for it to be tabled; I am not asking for you to describe anything about it now. There have been a number of changes with the guidelines around isolation, so we are asking for each of those guidelines as they have been published and not published to be made available to the Committee.

**Mr ANDREWS:** Sure, sure. I would never want to give a commitment to the Committee that I could not honour. What I can say to you is that during the testing blitz, because we were testing for people with very mild symptoms and indeed we were doing asymptomatic testing, there was a change to some of those matters—the issue about the requirement to isolate. Common sense tells you that if you have got symptoms, you should isolate; you should not be at work. We would not want to discourage people from coming forward and testing.

**Ms VALLENCE:** So were any of those guidelines changed because your ministers and other key stakeholders to the Government, such as John Setka, had breached those?

**Mr ANDREWS:** No. No. Shall I say it a third time? No.

**Ms VALLENCE:** In your presentation earlier you referred to the 30 people tested positive that could not be traced to a source, so the transmission is very low. In fact in percentage terms testing figures are as low as .021 per cent. So if community transmission is so low, why has there been such a delay in opening schools, and why can't you allow cafes and restaurants to open with distancing measures?

**Mr ANDREWS:** Thank you very much for your question. I fear that we might have covered this already. Because you only get one chance to take that first step, and you should be cautious, you should be safe, you should be appropriate and proportionate. The last thing that we are going to do—

**Ms VALLENCE:** Well, if .021—

**Mr ANDREWS:** If I can finish—it is a very serious issue, and I am really keen, if I can to get an opportunity, to finish the answer. What I would say to you is that what we do not want to happen here in Victoria is where we open too much too quickly and we finish up like many other countries in the world where we have to take many, many steps backwards and where we have a harder lockdown that we have ever had—that would be catastrophic. It is bad enough now for so many in the community. Let us not make it worse by letting our frustration get the better of us. That will not be universally popular, but I believe it to be the right thing to do.

**The CHAIR:** Thank you, Premier. Ms Vallence's time has expired, and that concludes the questions.

Thank you very much for appearing before the Committee today; we appreciate you taking the time. The Committee will follow up on any of the questions that you took on notice, with responses to be required within five working days of the Committee's request.

The Committee will now take a 5-minute break before beginning its consideration of the next witness, and I will declare this hearing adjourned. Thank you for your time, Premier.

**Mr ANDREWS:** Thank you very much, Chair.