

TRANSCRIPT

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

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

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(via videoconference)

MEMBERS

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Mr David Limbrick

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WITNESS

Professor Gigi Foster, Director of Education, University of New South Wales Business School.

The CHAIR: Good afternoon and welcome to the second series of public hearings for the Public Accounts and Estimates Committee 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.

Members are attending these hearings remotely from home or from their electorate offices, so we ask that people note that members are not required to wear a face covering if they are working by themselves in an office under the stay-at-home directions, 6 August, part 2, section 7(i).

We also advise 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. As a witness 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.

We invite you to make a brief 5-minute opening statement. We ask that you state your name, position and the organisation you represent for broadcasting purposes, and this will be followed by questions from the committee. Welcome, Professor.

Prof. FOSTER: Thank you very much. My name is Gigi Foster. I am a professor at UNSW School of Economics, and I represent no organisation or institution. I am honoured to appear before this committee again, this time to offer my perspective on the Victorian government's response to the COVID phenomenon.

Lockdowns and social-distancing measures inflict unemployment, business collapse, education neglect, health neglect and loneliness. The virus does not do these things; government directives do these things, as we are seeing right now in Melbourne. Like many people around the world, I have come to the conclusion that the costs of wholesale lockdowns are far greater than the benefits.

First, the benefits. In all countries that have gone through a proper first wave, between 0.05 per cent and 0.1 per cent of the population has died with COVID, and deaths are now levelling off. This fraction translates into 12 000 to 25 000 deaths in Australia. So 25 000 is an upper bound estimate of lives lost to COVID in Australia in the counterfactual scenario that we did everything wrong such that we ended up with the worst first wave per capita death count in the world. With no government-mandated wholesale lockdowns people will still opt into voluntary precautions like more frequent handwashing or wearing masks that they feel suit the threat to themselves and their loved ones. Given the level of fear circulating in the Australian population, a prescription to 'let it rip' is not only overly casual and callous but impossible to achieve. Far fewer than 25 000 people should be counted as a realistic estimate of the number of COVID deaths averted by lockdowns.

Around the world countries that seemed to avoid a first wave initially simply had one later on. There is little difference in COVID death rates between countries that imposed harsh lockdowns and countries that did not, with mortality differences more related to how well authorities managed to shield the most vulnerable in retirement homes, nursing homes and hospitals. Shielding the general population has largely proven futile, causing misery for no long-term gain and preventing immunity from emerging.

This leads me, then, to the costs of lockdowns, which it would be heartless not to recognise. The biggest cost felt today is that of mental health sacrificed due to loneliness, anxiety and other suffering directly related to locking people away from the broader social sphere. The IMF reports that lockdowns per se have large impacts on economic activity, and these impacts will be felt in suffering for years to come until our economies recover. Children's schooling disruption during lockdowns is also costly in future forgone wages of those children, lower productivity of their parents and lifetime costs of more domestic violence and the development of bad habits.

If these costs count, which they should just as much as should suffering due to COVID now and in the future, including longer run impacts, then we need a common currency in which to measure both them and COVID-related deaths and suffering. That currency can be quality-adjusted life years, statistical lives or WELLBYs—wellbeing years, a currency recently developed at the London School of Economics. QALYs are appealing in the present context because they are commonly used to measure welfare gains when making decisions about the allocation of scarce resources, yet QALYs do not count the importance of loneliness, mental health suffering, loss of dignity or loss of joy. The WELLBY does include those elements and is therefore particularly useful in the present scenario when these human costs loom so large. The COVID deaths that may have been saved so far via wholesale lockdowns are mainly of people over 70. In ethically fraught situations like battlefield triage, for example, or decisions about who gets scarce organs or which drugs to include in the PBS, we recognise that saving a 20-year-old means saving more human welfare than saving an 80-year-old. This recognition is embodied in the concept of QALYs and WELLBYs.

In these same currencies we can measure other costs of our response, including crowded-out or delayed care for problems other than COVID both now and in the future. This includes deaths due to delayed screenings or other care because of lockdowns. More broadly it includes all deaths sacrificed in the future because we were not making investments into approaches to making life better and longer that we would have been making had we not been putting what money we had disproportionately into COVID research while simultaneously reducing the total bucket of money available through stabbing our economy in the stomach, which is happening right now as borders remain closed and trade, tourism, arts and education are taking huge hits with no endgame in sight.

Research and development in health and other welfare-promoting areas is financed mainly by the government, which spends about 40 per cent of GDP in developed countries. When our GDP falls, so too does that spending, which translates into deaths not visible today but occurring over a period of many years. Other less visible costs include the damage to wellbeing of higher unemployment now and yet to come and for young people the long-run scarring of entering a job market in a recession. My back-of-envelope estimate for Australia indicates that even with conservative assumptions that bias the case in favour of lockdowns, wholesale lockdowns harm welfare at least three times more relative to a counterfactual of not locking down in a COVID-19 world.

What should governments have done? They should have controlled fear, directed resources and attention towards protecting the most vulnerable, set policy based on the knowledge of a range of experts rather than only health scientists and evaluated the likely impact of their policy choices on total human welfare as time progressed and more data became available.

The CHAIR: I am sorry to cut you off there but the time for the presentation has expired, and I will give the call to Ms Pauline Richards, MP.

Ms RICHARDS: Thank you, Professor Foster. I am just going to start by getting a bit of an understanding of your background. Have you done any research into public health, into pandemics or into the impacts of deadly disease?

Prof. FOSTER: I am not an epidemiologist; I am a broad-minded economist, and I have done papers, most recently one that was estimating the economic impact of the lockdowns on the value of children's forgone wages. So I am an economist, and I look at this situation as an economist would, trying to privilege human welfare gains above anything else.

Ms RICHARDS: And what do you think are the most important statistical analyses that should be undertaken for infection control or pandemic control? I would be interested in your insights.

Prof. FOSTER: Again, I am not an epidemiologist, so my expertise is in economics, and what I believe should be done in the case of the setting of any government policy is a proper cost-benefit analysis of that policy, of the effects of that policy. And those effects are not just in relation to health outcomes right now from a particular disease but in relation to all human welfare outcomes today, tomorrow and for generations to come.

Ms RICHARDS: So what factors do you think should be looked at?

Prof. FOSTER: Well, I think we need to address the costs of these lockdowns that have been prescribed in Victoria and ask the government to defend them on the basis that they do in fact promote human welfare. I have

not seen that analysis, and I feel that the burden of proof to provide that is on the government's shoulders. It is not up to me or others questioning the imposition of these very radical measures to prove that those measures are not a good idea; indeed it should be the government's responsibility to defend very radical measures like this on the basis that they in fact promote human welfare.

Ms RICHARDS: You have been quite vocal about having concerns about the impact of these lockdowns on quality-adjusted life years, and that was part of your initial presentation. What evidence is this based on and what assumptions have you made in your research?

Prof. FOSTER: Well, I would be very happy to share with the committee a draft cost-benefit analysis in progress that I have written for Australia, but essentially that analysis leads to the conclusion that I said in my opening statement—that the lockdowns are far costlier than not locking down. But I will also say that that cost-benefit analysis enumerates a number of different costs, not all of which I have perfectly gone through and costed, because essentially I have a full-time job and this should be the government's job. The government is responsible to provide analysis of the impacts of its policies, particularly in the case of such a massive policy like this. But I did mention several of the cost areas in my initial statement—for example, mental health costs, loneliness, social isolation; the cost of reduced immunity while we are sitting at home instead of being outside and enjoying our time with friends; the unemployment costs; and the future GDP reductions, much of which is due directly to lockdowns per se. I am happy to send the committee links to evidence bases on all of the things I have been saying.

Ms RICHARDS: Chair, I think I will cede my time to Ms Stitt now. Thank you.

The CHAIR: Thank you. Ms Stitt.

Ms STITT: Thank you, Chair. Thank you, Professor Foster, for appearing today. I think you just stated that you think it is the government's responsibility to model the impact of this pandemic, but you must have had some model for your research that you used to compare in terms of the number of cases, the number of deaths that would be caused if we just let COVID run rampant through society. Does your research also include a long-term health impact study of COVID on how people who do recover may be affected longer term in terms of their quality of life?

Prof. FOSTER: Yet again, I repeat that what I am calling for is a cost-benefit analysis related to policy choices that the government is selecting, not in relation to just the pandemic or just the cost of COVID—it is the overall, aggregate welfare cost of policy choices that the government has selected.

Now, my cost-benefit analysis assumes very conservatively that a large number of deaths would be directly avoided by lockdowns, but that assumption has no basis in fact. Every other assumption I made in that cost-benefit analysis is well supported by actual reference to literature and findings from economists and others overseas, but the claim that lockdowns save lives—I have not seen evidence that that is true. So I have made a very conservative assumption in favour of lockdowns, in favour of trying to find that lockdowns are helpful, in what I have written and that I will share with the committee, but even with that, I still find that wholesale lockdowns are not the way to go. What instead should happen is targeted assistance towards people who are most vulnerable.

Ms STITT: I guess my question also went to the fact that we do not know everything about this virus and there are still things that our medical experts are learning and discovering about the impacts of the virus on people, including some of the longer term impacts on younger people. Has that been a factor that you have considered in the assumptions that you have come to?

Prof. FOSTER: Let me respond by remarking that in the past six months we have witnessed a mass worldwide sacrificial event driven by a fear of the unknown and essentially an abandonment of post-Enlightenment thinking. We have been swept up in hysteria and the fanaticism of crowds. Now, the post-Enlightenment response to these uncertainties you are speaking of that we face right now, such as what will the long-run health impacts be of this virus, that post-Enlightenment response is no different than in any other scenario: we use the best data available at the time to generate our best guesses of the damage and then we factor those guesses into our analysis. If you do that, you still come out in favour of not having a wholesale lockdown.

Ms STITT: You have mentioned the social impacts of the virus on things like mental health and the economic impacts, the job impacts and so on. You would be aware that the Victorian government has invested a lot in terms of addressing some of those issues, including family violence and a significant investment in assisting people who are facing mental health challenges during the pandemic. Does your research take this into account and the effects and success of these policies?

Prof. FOSTER: Well, I think it is a good idea to provide income support, like JobKeeper for example, and to provide additional support in a temporary way to people who are struggling because of actions the government has taken. But saying that somehow those provisions are equivalent to fixing the actual fundamental problem, which is that our economy has been stabbed in the stomach, is quite facile. It is not a long-term solution, and it is essentially treating the symptoms rather than treating the disease itself, and the disease is one that we have inflicted upon ourselves. Again, it is possible to incorporate all of those things. Giving people money stems a bit of suffering in the short run but it does not solve the problem in the long run, so we are still left with massive costs of wholesale lockdowns for which the solution is simply to get the economy moving again with considered and thoughtful, creative and targeted assistance for people who are the most vulnerable in our societies.

Ms STITT: What do you mean by giving people a bit of money? Do you think that some of the programs that the government has funded are not well targeted in terms of the most vulnerable?

Prof. FOSTER: I do think that JobKeeper is giving people money, so that was the one I was referring to. If you are talking about mental health support, yes, of course, that is targeted. Again, I am not against that at all; I think it is a good idea in a temporary setting like we have now where there are acute pains in society to try to stop some of those. But you are staunching a wound that needs surgery, and the surgery is to open the economy.

Ms STITT: Okay, Professor, I will move on from that issue. You have been an advocate for the Swedish model of managing this global pandemic, and currently Sweden have a significantly higher death rate than a lot of their Nordic neighbours; in fact I think currently they have had over 5700 of their citizens die from COVID. If that approach were applied to Australia—and its economy is expected to suffer more than Australia's, with more job losses and a greater reduction in GDP—why is that a model that you would look to as being successful?

Prof. FOSTER: I would first say that I have never explicitly said that we should do exactly what Sweden did. That has been a misinterpretation in the press. I think we should look to what happened in Sweden and we should learn from their mistakes. One of their mistakes, and their biggest one in my view, was that they failed to protect the elderly and the vulnerable population enough. We can learn from them by having a conversation with people in Sweden and asking, 'How in fact did you mishandle this initially, and what have you learned?', so that we can apply those lessons here in Australia in our old-age homes, in our hospitals.

Secondly, if you look at their death count, you are right that it is asymptoting to 6000 people, and as I said in my opening statement, in all countries that have had a proper first wave, the death count is asymptoting and essentially levelling off at a count between 0.05 per cent and 0.1 per cent of the population. That is where my figures of 12 000 to 25 000 Australians dead come from.

Now, in terms of the economic impact, actually the European Commission forecast a better economic result for Sweden in 2020 than many other comparable European countries. Sweden's is projected to fall 5.3 per cent in terms of GDP in 2020; France, 10.6 per cent; Austria, 7.1 per cent; the Netherlands, 6.8 per cent; Italy, 11.2 per cent—and I can go on, but I think maybe you are cherry picking your figures a bit.

Ms STITT: You mentioned that in Sweden the death rate was quite high amongst the elderly and that was in a circumstance where their restrictions were not as vigorous as they are in Australia. How do you achieve protecting the vulnerable if you are not implementing policies around social distancing and locking down some of these aged-care facilities where we are having significant outbreaks, significant loss of life, and obviously it is very harrowing for those residents and their families? How do you achieve what you say is something that should be achieved—protecting the vulnerable—without taking these steps that involve shutting down facilities such as aged care?

Prof. FOSTER: So now we enter a very important conversation that should have been had about four or five months ago, which is rather than wholesale lockdowns—a blanket ham-fisted sort of general policy, not targeted, scattergun—how do we direct the resources we have towards people who are most likely to get serious symptoms or die from this virus if they contract it? Indeed, what we would like is to set up an institutional environment in which those people most likely to be exposed to COVID are those least likely to experience serious symptoms. And in fact, often what we have seen in countries, whether or not they have had lockdowns, is that it has been the opposite. The people most likely to get exposed are those who are the most vulnerable because they are sitting in aged-care homes, in nursing homes, in hospitals, on cruise ships et cetera. And so that is exactly the question that we need to answer and that we can learn from other countries about, because other countries have gone through this. There is knowledge about how to protect people in old-age homes—how to make people who are coming into contact with those who are more vulnerable aware of the risks and how to show them how best to protect themselves and others—and that is where our resources should be going.

Ms STITT: So what do you say about the workers in those industries, though, that are working with the most vulnerable and are more exposed to the virus?

Prof. FOSTER: They absolutely need all of our support. They need much more support than they are getting now because we are spending so much of our efforts and our money on these blanket wholesale lockdowns that have not been proven to work.

Ms STITT: So when you say ‘not been proven to work’, do you mean from an economic point of view? Because we have seen in Victoria obviously a second wave which has seen an alarming increase in the rate of community transmission. How do you stop community transmission in the circumstance where you are advocating to open up the economy and really just let the virus rip?

Prof. FOSTER: I am not advocating for anything to be let rip. As I said in my opening statement, that is a fantasy at this stage anyway, and it is overly casual and callous and not the right response. But when I say that something is not working, I mean in terms of total human welfare protection—I mean in terms of the aggregate net lives saved. And you are also presuming that community transmission is always a bad thing. What has happened in other countries, including Sweden but not just there, is that the virus has passed much more. It has penetrated into their populations much more, and somehow still the death tolls have been levelling off. This shows us just empirically—you do not have to be an economist, you do not have to be an epidemiologist, you just have to be someone who understands what a picture looks like of data—that in fact something is happening in those populations to make the virus less deadly, to make it less killing, and that is what we want here.

Ms STITT: I think the jury might be out on that question, Professor, given that some countries are now experiencing, you know, a third wave—moving into a third wave situation. And I think that the jury is well and truly out on whether there is herd immunity being achieved anywhere. I might leave my questions there, Chair. Thank you.

The CHAIR: Thank you. Time is about to expire, and I will hand to the Deputy Chair, Mr Richard Riordan, MP.

Mr RIORDAN: Thank you, Chair. Thank you, Professor Foster. Just going back to some of the evidence that we have heard over the course of this, in our first hearings a couple of months ago, the government had projections of about 57 000 people a day being diagnosed. We heard from the Chief Health Officer this week that they have revised those down to about 20 000 people a week, but not being able to furnish us with best-case or worst-case scenarios; that is just the figure we are working on here in Victoria. I was wondering if you have read any literature or had any experience of what modelling other countries have been using or could be using to sort of prepare their communities for what we are trying to fight.

Prof. FOSTER: Yes, it is interesting. You are focusing again on cases and diagnoses, and I am not convinced that that is the right place to be focused. That is why I have been talking about deaths, because deaths are reasonably well recorded. It is true that deaths with COVID are sometimes confused for deaths of COVID, and so that is a bit of an uncertain area, as many things are still uncertain. But if you look around the world, rather than using a model at this stage, as you were suggesting, I would say using data is far more preferable because we have the luxury of looking at months worth of data on death counts in many different

countries. And if you look at again death counts in Europe right now, they are basically not anything different from our normal death rates over the last couple of months.

The claim that there are third waves and all of this—it is simply not borne out by the evidence that I have seen, so I would not be focusing as much on transmission as a bad thing per se. What is bad is when the virus is transmitted to people who are likely to get serious symptoms or to die from the virus. So those kinds of counts—how many people are actually sick in hospital and dying from this thing—that is what I would care about much more from the social welfare perspective.

Mr RIORDAN: You talked about ‘deaths from’ and ‘deaths with’ COVID—are any jurisdictions around the world measuring that difference?

Prof. FOSTER: It varies from country to country, as far as I can tell. I have not done a lot of research into this, so I am not the best expert for this on it.

Mr RIORDAN: We had some questions just before on the Swedish example. I have done a little bit of reading on that, and I think the Swedish government is very upfront with the fact that they moved too slowly on the vulnerable communities. If you modify their results for the vulnerable community element—something they readily accept—what do their results begin to look like then, and how would that extrapolate to the Australian example?

Prof. FOSTER: Look, I cannot answer that for sure, but I can certainly say that looking at the data of how many people have died now, including their mistake early on, it is asymptoting to 6000. Again if you translate to the Australian population, you are talking about far fewer than 25 000. Remember the initial epidemiological modelling was claiming that we were going to lose potentially 150 000, so that was off by an order of magnitude. It is important to bear that in mind. That is the kind of modelling that has not been updated and that has not been added to the data that we now know and other perspectives, including the aggregate human welfare perspective, which is the economic perspective on policy making in this area. I think probably Sweden might have been able to save a couple of thousand people—I am not sure—but that would be more of a question to ask the Swedish authorities themselves. I am sure they have done some modelling.

Mr RIORDAN: One of the big issues as policymakers or people involved in making decisions is around the severity of this pandemic. My understanding is this is equivalent to the Spanish flu 100 years ago in terms of our need to act. Have you done any research on the comparison or are there better examples of what this compares to in recent or living—or in a period of time where there is comparable data or you can compare it in some way?

Prof. FOSTER: Again I not an epidemiologist, but I am a thinking person. If you look at simply the number of people whose lives have been claimed by this virus worldwide, it is still fewer than 1 million. Whereas other worldwide pandemics—some of us will be familiar with HIV/AIDS, which claimed 30 to 40 million people worldwide—30 to 40 times more than what we have lost so far to COVID. We have again death counts levelling off in many countries that have gone through a proper first wave. The Spanish flu killed millions and millions, and it was killing not just the elderly. The Spanish flu was so scary because it was killing people in the prime of their lives. Mind you, if this virus were doing that, my advice would be, potentially, completely different. The whole point of this submission is to try to open everyone’s eyes to see what is actually the reality of this virus—how lethal is this really and who is it really hitting—so that we can help those people, protect those people and let others who are not as vulnerable get on with getting the economy open again, which will help everybody in the long run.

Mr RIORDAN: In your presentation you talked about—was it WELLBYs, and what was the other term?

Prof. FOSTER: QALYs: quality-adjusted life years.

Mr RIORDAN: So in terms of that, have any jurisdictions around the world done any assessment of what they are doing or how they are handling it in terms of that? Where would we look for the best—

Prof. FOSTER: Yes, the UK has done some modelling, which indicates that lockdowns on net are costing more QALYs than they are saving. I am happy to forward that to the committee.

Mr RIORDAN: Okay, that would be useful. I guess in government there is a fine line that you have to walk in terms of publishing and making known mental health statistics, particularly those around suicide. That has been a difficulty in having this conversation because everyone is aware of what publicity in that space can do. How have those policies complicated us being able to fully assess the pros and cons of harsh lockdown, do you think?

Prof. FOSTER: Well, as with everything—and I have noticed this in the past in Australia—when we try to keep a tight wrap on data, presumably on the altar of protection of people, we actually end up often hamstringing ourselves in relation to knowing what is going on. So it would be nice to have very quick access to reliable data in this country on very many aspects of human suffering. I did manage to find some data on suicides here in Australia and also looking overseas at how many suicides have been brought about by this economic recession and the lockdowns. I have been able to piece together an estimate. That is what we do in economics: we try, using the best data available, to come up with a reasonable estimate. But yes, I would absolutely clamour for more access to better quality data so that we can learn more about how to protect people and how to promote welfare.

Mr RIORDAN: Up until about 10 days ago in Victoria, other legislation, particularly around privacy and human rights legislation, was used as one of the reasons we could not maintain a solid quarantine lockdown for people who tested positive or who were close contacts. Are you aware of those types of legislative restrictions applying elsewhere in the world that may have complicated government's ability to keep people quarantined?

Prof. FOSTER: Well, I think there are a couple of things that have compromised government's ability to keep people's quarantine. One of them is that there is a violation of human liberties that would be perceived by populations, and indeed it has been claimed that the government actions, including in Victoria, have violated the UN declaration of human rights. But there is also the problem that when governments set policies that the population does not understand or feels are not appropriate, then the population over time will start to distrust the source and start not to follow the advice of that source, of the government. So I believe that when the government communicates to its people, it has an obligation to explain why, particularly in the case of very extreme policies, those policies are required. That has not happened in this case. I still await a proper reckoning of why it is that wholesale lockdowns actually, on net, save lives.

Mr RIORDAN: For a long time here in Victoria we went by local government areas, which are possibly useful in the city, but of course in country areas they can be many tens of thousands of square kilometres in size. Are you aware of how other jurisdictions perhaps monitored their outbreak and then decided on managing that? Have other jurisdictions gone for very localised containment measures in dealing with an outbreak such as this?

Prof. FOSTER: Well, certainly in New South Wales here, I just know by being a citizen that we have had that more localised kind of lockdown approach. Other countries have been able to have very different approaches based on their existing infrastructure. For example, South Korea had a very, very well developed infrastructure after its experience with previous viral outbreaks, which enabled it to very quickly track and trace and lockdown just the portions of the population that were seen to be affected, and that has been an approach which I do not think we were ready for here in Australia. We simply did not have the infrastructure. That would be one way to go if the government is interested in trying to stimulate the economy—to invest in that sort of system—but it may also encounter some cultural resistance here. Again, I am sure that if the government wishes to do some research on other ways in which we could track and trace, we could do that. But my focus is very much on the deaths more than the cases because again the cases may simply be reporting something that is, on net, in the long run, positive, because the more that the virus circulates to people who are healthy and less likely to be seriously ill from it, the more immunity we can potentially develop to it.

The CHAIR: Sorry to cut you off there, but the member's time has expired. I will hand the call to Mr David Limbrick, MLC.

Mr LIMBRICK: Thank you, Chair, and thank you so much, Professor Foster, for appearing today. You touch on many of the issues that I have been trying to get to the bottom of this week with regard to overall benefits versus costs of the government's actions. You mentioned something in your opening statement which I have talked about this week as well around the fear and the government managing fear. On Monday the government came out with a new television advertisement campaign. My version of events on how that would

look is it is just trying to ramp up fear in the community. I brought it up with a witness yesterday. They thought that it was fine to use fear to control this sort of thing. Could you expand a bit more on fear and controlling fear and how that looks and what are some of the downsides of that?

Prof. FOSTER: Absolutely. And I should mention here that I wear my hat as a behavioural economist in this answer. I have studied phenomena like love and loyalty and power and networks and fear a lot in my research. Fear is a very powerful emotion because it essentially shuts out focus on anything but the perceived threat, so it is very effective in fight-or-flight sorts of scenarios where there really is a threat, but because of that as well fear can cripple us when we are responding to something that is actually not as big a threat as we are perceiving it to be. And a government like Australia's now and, for example, like the United States government in the time of the Depression is responsible to try to reduce fear in its population in order to allow people to experience and respond to other things in their environment, and that goes hand in hand with participation in a healthy economy. If people are feeling fearful, uncertain, unsure what the future holds, they are going to be less likely to invest, less likely to spend, less likely to do everything that we know economic activity is based on, and that means that our economy and our society will be held back. As I think FDR said, 'The only thing we have to fear is fear itself'—that is exactly applicable now.

Mr LIMBRICK: And on a related issue, we have seen what I would characterise as demonisation of people that ask questions about this and we have sort of seen this debate very, very limited, and I would like to see a more rational debate—many sides to this. But anyone who seems to question any of the government's actions or ask for cost-benefit analysis or anything like this, they end up demonised. And I know that you have suffered—you have been right at the sharp end of this, and so have many people. And I have copped a bit of it myself. But I would be interested in how this sort of way of demonising people who ask questions limits us in finding the correct answer and coming to good conclusions and decisions.

Prof. FOSTER: It is an excellent question, and you are absolutely right. If you look in history, there are instances where this kind of demonisation happened and really damaged the society—the witch-hunts of my own country of background, of birth; any kind of situation where a crowd is pursuing some false god and essentially destroys humanity in the process. It is very disturbing, and in fact it is a signal that something other than rational thought is going on. For me to be called 'a piece of human excrement', which I have been called, or 'Go home, you Yankee, Trumpkinaut death cult warrior'—I mean, I have been called many horrible things, mostly on social media—that should show you people resorting to ad hominem attacks is not people speaking from a scientific, rational part of their brain; it is people speaking from emotion, and that kind of emotion does not belong in policy setting.

Mr LIMBRICK: Yes. I could not agree more. How do you think that we can overcome this lack of rational debate on these things and this demonisation that is happening? Our committee is going to be making recommendations to government on what we should change. What should we be doing differently that can make things better?

Prof. FOSTER: Excellent question as well. I think the government needs a new message. It needs to abandon this idea that COVID deaths and COVID cases are where all of our focus should be. We actually in fact are in a privileged position in Australia to be able to learn how best to combat this virus, and it is to target assistance to the areas that are most vulnerable in the community while allowing other people to get back to work and back to study. So I think we need to maybe hire a marketer perhaps, a political-messaging person, to come up with a new banner, because the government obviously will not be able to simply walk away and do a complete about-face on its previous policy without being subjected, unfortunately, to demonisation from the other side. And I understand that is how politics works, but then it needs to transform the message it is giving into something that actually is welfare-promoting and reorient people's fear towards the fear of economic losses, the fear of ongoing welfare losses if we do not get things back in business and if we do not protect our elderly. So I think that is really what we want as a new message.

Mr LIMBRICK: Thank you. One other thing that I would like to ask: when you are talking about the total cost, by your summation you think that our current actions will actually kill more people than if we had gone for a different course of action. Is that what we are saying about costs? So just to be clear, we are not just talking about money here?

Prof. FOSTER: Absolutely we are not talking about money. We are talking about statistical lives lost now and in the future. I am counting, for example, the mental health suffering that people endure when they are locked in their homes. If you aggregate that suffering across all the people who are subjected to it and you use currencies like QALYs and WELLBYs, you can essentially equate those, that amount of suffering, to an amount of deaths—okay? Of course some of the deaths that are sacrificed are also real, live people today who are going to die because of the lockdowns rather than being saved because of them. That would include, for example, people whose cancers are not diagnosed as early or people who fail to get help for their stroke or their heart attack because they cannot get out and they feel scared about it. So, yes, it is all of the human welfare costs put into a currency that is usually used in normal times to weigh up costs and benefits and to allocate scarce resources.

Mr LIMBRICK: Do you think that this—

The CHAIR: Sorry to cut you off, Mr Limbrick, but your time has expired for this witness today. Our time for questions of this witness has also expired. We are grateful for your presence here today.

We advise that if this section of our hearing has raised any issues for anyone the Lifeline number is 13 11 14, and the Beyondblue number is 1300 224 636.

The committee will follow up on any questions taken on notice in writing, and responses will be required within five working days of the committee's request. We thank you very much, Professor, for appearing here today.

Just before we adjourn this public hearing, though, for the public record I would just like to refer to the points of order that were raised publicly this morning. I have sought the advice of the Clerk of the Legislative Assembly of the Parliament of Victoria, and I am subsequently advised that standing order 118 prohibits imputations and personal reflections against Victorian MPs, the Crown and judges, but it is silent about members from other jurisdictions. I am advised that the prohibition on impugning members of other jurisdictions was in fact taken out of the standing orders back in 2004. The rulings that Ms Vallence referred to probably reflect that era. It should be noted that the rulings are indeed not the rules. The current standing order 118 does say that:

Imputations of improper motives and personal reflections on the Sovereign, the Governor, a judicial officer or members of the Assembly or the Council are disorderly other than by substantive motion.

But, as I said, it is silent on members of other jurisdictions. Of course convention is that members should not impugn MPs or indeed anyone from any jurisdiction, but the standing orders themselves do not specifically prohibit it.

All of that said, I have also requested from Hansard a draft of yesterday's transcript. I cannot identify that any such imputation did in fact occur in any case, but I thought it was important that that be on the public record given that the points of order were also on the public record.

I declare this public hearing adjourned.

Committee adjourned.