

Melbourne's drawn-out lockdown is a multi-decade policy failure

While many people in the United States and Europe would envy the relatively small scale of Victoria's COVID-19 outbreak, the 14 weeks of drawn-out lockdown Melbourne has endured represents a policy failure. Most Victorians did not object to the state's second lockdown when COVID-19 cases, hospitalisations and deaths rose steeply in June and July, and were happy when cases successfully dropped in August. As the lockdown has dragged on, however, despite very low and falling case numbers, it is increasingly clear the government has relied on lockdown as its main tool for suppressing the virus, instead of more effective infectious disease control measures.

On 8 October, World Health Organisation (WHO) special envoy for COVID-19 Dr David Nabarro reiterated the WHO's policy that lockdowns are not the primary way to control the coronavirus

pandemic: "We think lockdowns only serve one purpose", Dr Nabarro told

The Spectator, "and that is to give you a bit of breathing space—to stop everything, the virus stops moving—and while you've got that breathing space you should be really building up your testing, building up your contact tracing, building up your local organisation, so that as you release lockdown, you're bound to get more cases, but you can deal with it really elegantly." He described the "middle way" the WHO advocates between locking down society, or letting the virus spread, as putting in place robust defences so that if the virus does build up it can be caught and suppressed quickly. This requires very well organised, localised infectious disease control services, a.k.a. public health services, which can do testing, contact tracing and isolation. "The backbone to controlling this kind of thing is always testing, contact tracing and isolation", Dr Nabarro said, emphasising the importance of both local controls and international cooperation.



Fairfield Infectious Diseases Hospital ward. Photo: Vic. Heritage Council

It is precisely these public health services that Victoria was sorely lacking to deal with this virus; worse, the government has been pathetically slow to establish them. Even now, eight months after the virus first arrived and despite two severe lockdowns, the government is not displaying any confidence in the state's testing, contact tracing and isolation capabilities, and in fact is still limiting its efforts through cost considerations ("Chadstone butcher outbreak shows why Victoria is failing", below). The blame lies with the government of Premier Dan Andrews, but not him alone: equally culpable are his Labor and Liberal predecessors, starting with Jeff Kennett, who stripped the state of Victoria of its infrastructure and resources for infectious disease control. They are collectively complicit in three decades of "rationalising" and "centralising" Victoria's public health system which left the state badly unprepared to handle a new infectious virus pandemic.

Public health unit

On 29 July, *The Age* revealed a leaked Department of Health and Human Services document from May 2019, which had warned the Andrews government that Victoria's public health unit was the worst resourced in Australia. The document, which described the main role of the public health unit as "preventing the transmission of communicable diseases [and] managing outbreaks", revealed Victoria had just six physicians in its health protection branch compared to 24 in New South Wales and 17 in Queensland, and overall staff numbers half that of NSW. "In other words, a doubling of current staff numbers would still see Victoria as the least resourced state in terms of staff undertaking public health officer duties", it warned. Despite that alarm being sounded, *The Age* reported DHHS "still had only 14 contract tracers by the time coronavirus took hold in Australia in March", which was actually a decrease from the 20 staff the unit had in 2018.

The Age further reported a September 2019 DHHS document that "highlighted the flaws with Victoria's 'centralised' public health team, and pushed for a NSW and Queenslandstyle model, in which there are 15 local health districts, each with their own public health units" (as WHO recommends). Victoria's Chief Health Officer Brett Sutton noted in a Radio National interview earlier this year Victoria's centralised system was "efficient", but acknowledged it struggled to scale up to deal with the outbreak, whereas local health districts would have provided more people with long-term experience to respond competently. The flaws in Victoria's public health unit became increasingly evident in the glaring difference in testing and contact tracing compared with the decentralised NSW system. While NSW was able to turn around test results in 24 hours, and quickly contact people connected to positive cases, Victoria's DHHS took days and often weeks to reach close contacts of positive cases. A combination of centralisation, having to rapidly expand with staff with no experience, and an antiquated IT system all hampered Victoria's under-resourced public health unit in this crucial task.

Outsourcing

The political pressure on Dan Andrews has focused on his government's bungling of the hotel quarantine system for returned international travellers. The government outsourced the supervision of hotel quarantine to private security firms which subcontracted the work to low-wage, unqualified security guards; according to genomic sequencing conducted by the Doherty Institute for the DHHS, the majority of the outbreak that started in June can be traced to these quarantine hotels. Nobody in the Andrews government has owned up to the fateful decision to outsource security, but the scandal raised questions about the extent of outsourcing of government advice and functions which is endemic in Victoria (and Australia).

On 7 July 2020, *Daily Mail Australia* reported that in May the Andrews government had paid almost \$3.5 million to global accounting and consulting giant KPMG in May to hire 35 consultants for four months (\$25,000 per month per consultant—good work if you can get it) to “assist public servants coordinating the state’s coronavirus response operations”. KPMG is one of the Big Four global firms which dominate auditing and consulting to governments and the world’s biggest corporations. In a 20 September 2018 report, “Big Four: government’s binge on consultants goes ballistic”, independent journalist Michael West revealed these firms receive billions of dollars in fees from both federal and state governments which increasingly outsource functions formerly performed by the public service. The *Daily Mail* questioned whether these 35 KPMG consultants were involved in the hotel quarantine decision. This has not been established; however, the government did admit to their involvement in decisions which have had equally far-reaching consequences: “KPMG secondees have been working in operational and forward project planning involving contact tracing, call centre operations, forecasting, case management, outbreak and cluster investigation, data entry and analysis.” In other words, KPMG is complicit in the failure to gear up proper infectious disease control systems, which is the reason Melbourne remains in lockdown. Moreover, at the centre of this KPMG contract is a glaring conflict of interest: KPMG’s lead partner responsible for its relationship with the Victorian government, Elise Wherry, joined KPMG from an executive role at the DHHS.

Fairfield closure

Dan Andrews has been Premier of Victoria since 2014, and before that he was Health Minister in the previous Labor government in 2007-10—his mark is well and truly on Victoria’s appalling lack of preparedness for the coronavirus pandemic. The gutting of Victoria’s public health capacity started well before Andrews however, and there was perhaps no more fateful decision than Liberal Premier Jeff



Fairfield Infectious Disease Hospital, administration. Photo: Wikipedia

Kennett’s closure of Victoria’s impressive Fairfield Infectious Diseases Hospital in 1996.

Jeff Kennett took office in 1992 with a brutal austerity agenda justified as necessary to pay down state debt. In fact, two neoliberal Melbourne think tanks, the Institute of Public Affairs and Tasman Institute, had co-written a reform blueprint for Kennett called Project Victoria, which mapped out policies to mass-privatise state assets, slash public services especially healthcare and education, bust trade unions, and amalgamate local councils. Kennett force-marched Victoria down its path of privatising, downsizing, outsourcing, rationalising and centralising.

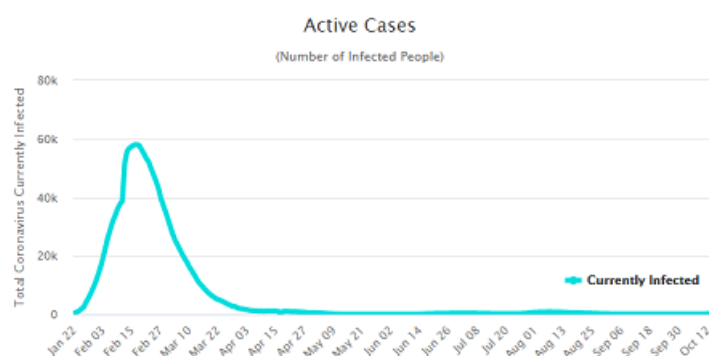
Since 1904, Victoria’s defence against infectious diseases had been led by the Fairfield Infectious Disease Hospital, originally known as Queens Memorial Infectious Diseases Hospital, located on the Yarra River in the suburb of Fairfield. The institution treated and quarantined patients, conducted world-leading research, including into the AIDS virus when it emerged in the 1980s, and directed the public health response to infectious disease outbreaks. Its 92-year reputation wasn’t enough to save it from Kennett’s slash-and-burn agenda, however.

In 1995, Victoria’s Metropolitan Hospital Planning Board recommended Fairfield be closed and that its HIV/AIDS services should be put out to tender (part of a general outsourcing of specialist medical services the board recommended). The board was chaired by Professor Ian Harper, an economist from the Reserve Bank of Australia who was an active proponent of the same neoliberal agenda as Kennett’s backers in the IPA and Tasman Institute. Despite fierce public protests, Kennett closed Fairfield and transferred its specialist capabilities to some of the remaining hospitals in the state’s depleted healthcare system. In all, Kennett’s government closed 17 hospitals and sacked 3,500 nurses in its drastic rationalising of Victoria’s healthcare services.

“Unfortunately, the main outcome for successful public health is the absence of disease”, a DHHS

source told *The Age* in July, “and it has taken the pandemic to lay bare the true deficiencies in the Victoria system.” These deficiencies were locked in by structural changes Jeff Kennett initiated almost 30 years ago out of a commitment to a neoliberal market philosophy that the Labor Party also bought into, and which subsequent Labor governments didn’t do anything or enough to reverse. And when finally confronted with an actual pandemic, the culture was so entrenched the Andrews government’s knee-jerk reflex was to outsource to private security and KPMG, with disastrous consequences. It is the 30- year sabotage of proper public health in Victoria that reduced the government’s options to the false binary choice of “health vs economy”. Victorians supported Dan Andrews’ proactive lockdown measures to save lives when the outbreak was raging, but what they are now enduring is the price of a cost-cutting, privatising ideology that is deadlier than any disease.

Chadstone butcher outbreak shows why Victoria is failing



Victoria contrasts to China, which has controlled COVID by following the policy of testing, tracing and isolation. When cases are detected, mass testing immediately takes place, the latest being an entire city, Qingdao which tested nine million people in just five days following the detection of 12 cases. Source: Worldometer

Melbourne’s rolling 14-day average may have been at the target of five set by the government as necessary to reach to lift lockdown if not for the Chadstone Butcher Club outbreak. ABC on 14 October profiled that outbreak and showed that the government itself is sabotaging its testing and contact tracing efforts by imposing financial restrictions on resources.

A Frankston cleaner living with sick family members attended the Butcher Club on 21-23 September, until police ordered her to stay home. She tested positive two days later, but it took four days for the Butcher Club to be informed, by which time a staff member had fallen ill, and two days later the Butcher Club manager got sick (and has since been admitted to intensive care). A person sharing a house with a Butcher Club employee was not informed the Butcher Club had been listed as a high-risk location; travelled to Kilmore north of Melbourne to work; and infected a staff member at a café, who has since infected six others.

The government jumped on the Kilmore outbreak and mass-tested 1,000 people in the town, who are now in isolation. When Chief Health Officer Brett Sutton was asked on 13 October why they hadn’t similarly mass-tested the Chadstone epicentre, he replied that the scale of asymptomatic testing required wouldn’t have represented “value for money”. In response, University of New South Wales epidemiologist and WHO advisor Professor Mary-Louise McLaws asked: “What’s the value of having a third wave compared to hundreds of extra tests?”

By Robert Barwick, Australian Alert Service, 14 October 2020