# Happy New Fear

## Overview

The Tinpot series concerned Governments abusing power in an ‘emergency’. The final article in the series mentioned the December Covid outbreak in Sydney and an inquiry into Melbourne’s hotel quarantine failure.

Sydney in fact had two Covid outbreaks. One in the northern beaches, one at Berala. They started simultaneously in mid-December. They totalled 220 cases. The daily peak – twenty-eight – was on 19 December. By mid-January, the outbreaks were over. Resolution included the Health Minister ordering a lockdown of the northern beaches over the Christmas-New Year period, tracing and isolation for Berala contacts, and wearing of masks in indoor communal situations.

Despite this, sections of the media went into a fear-mongering frenzy. There were claims of hundreds of unidentified cases and predictions of several thousand cases by the end of 2020. By New Year, commentary thundered NSW had lost control of the outbreak – while cases were declining. Coverage was continuous, trivia laden and aimed at changing policy rather than informing the public. There was a disingenuous clamour for a ‘short’ lockdown of all Sydney.

By mid-January, ‘expert’ commentary in the media was so out of hand the Commonwealth Health Minister warned that most real experts worked for Governments and were not sounding off in the media.

The reaction of the decision-making officials in other States was chaotic and panic stricken. State border restrictions were inconsistent: among States; with previous restrictions; with criteria; over time. The shambles was accentuated by further Covid outbreaks – in Melbourne and Brisbane. States panicked again. Restrictions across Australia became so complex and changeable several web pages attempted to provide travel advice like that for troubled tinpot countries.

The Brisbane ‘outbreak’, in January 2021, started with detection of infection in a single quarantine worker. It was hyped as a ‘highly infectious UK mutant’. Queensland’s Chief Health Officer locked Brisbane down for three days. Before then, two infected people had visited at least ten public locations in eight days. Identification of over a thousand contacts and conduct of near 300,000 Covid tests over the next 28 days recorded no other transmissions outside quarantine – and four within. Most other States soon lifted their border restrictions on Brisbane, well short of the time span claimed – in the Courts - necessary for public health.

On 31 January, Covid was detected in one quarantine worker in Western Australia. Again, it was the highly infectious mutant. That was given as reason for the Commissioner of Police/State Emergency Coordinator to order a five-day lockdown of Perth and surrounding areas. No further cases were recorded.

Lack of spread of the UK strain in those States poses troubling questions. Media diversions – Covid aerosols in quarantine? – avoided answers.

Onto Victoria - the Melbourne inquiry’s terms of reference were limited. It concentrated on bureaucracy and procedures.

Its December 2020 report noted the opacity of decisions was inconsistent with democratic principles. The inquiry did not refer to similar criticisms raised prior by the Supreme Court. Hence, it did not address all issues that led to the quarantine failure.

Melbourne, had two subsequent outbreaks. The first, January 2021, lasted for a week, had forty cases, and was resolved by tracing. The second in February, of the ‘hyper infectious’ variant, had far fewer cases yet the Chief Health Officer ordered a five-day lockdown of the State. The explanation of that action was unsatisfactory.

While anti-Covid actions in every State supposedly reflected sound advice from experts, the divergence of responses – and slanging match among States – suggest that to be false. At issue are the veracity of some political leaders and the expertise, judgement and commitment to democratic principles of the experts their Governments supposedly relied on.

Governments, and the media, in peddling doom-laden hypochondria, have seeded doubts. Inexplicable anti-Covid reactions and unbalanced media focus – including on vaccine minutiae - abets conspiracy theories. The failure of Governments to take proper responsibility contributed to an air of illegitimacy. Overt politicisation - and State-of-origin petulance by nearly all Premiers - compounded suspicions of misuse of extraordinary emergency powers.

In any event, by accepting and assiduously promoting a myopic health policy wish - of never having a community Covid case - most Premiers have engaged in strategic idiocy that could lead to disaster.

The anti-Covid plan is said to rely on community vaccination defeating the virus. However, Covid cases may continue to arise. If States continue to be shut down because of a very few Covid cases – the Queensland Premier’s preferred ‘national model’ – Australia will face grave problems.

A return to normality entails changing what is considered an ‘emergency’ and who makes rules to combat Covid. Some officials, most Premiers and media ‘experts’ have put the bar for their use of extraordinary Covid emergency powers far below any reasonable threshold. The start of any real return to Covid-normal will be having decisions made by Ministers accountable to Parliaments - rather than by officials with conflicting ‘reporting’ accountabilities. It also needs the Commonwealth take responsibility for quarantine.

The Tinpot series – which started before Covid – noted the many circumstances ‘experts’ and activists want declared as emergencies. Natural disasters, cyber, infrastructure failures and climate change are examples. In each of these, emergency proponents seek to abrogate democracy at least for some time. The need for leaders who reject such attitudes is heightened by likelihood of spread of tinpot behaviour into other fields.

The pandemic is just one example of what Governments and officials may have in store for the population unless they are brought to account for their behaviour. The national emergency laws, carelessly waved through Parliament late in 2020, gives rise to innumerable other possibilities.

## Recommendations

1. State Parliaments legislate to make the validity of public health directions and decisions related to Covid conditional on the reasons for and advice related to them being:

a. published at the time of those directions by the Secretary /Head of the Department of Health; and

b. tabled in Parliament, for potential disallowance, within 14 days.

2. State Parliaments legislate to:

a. broaden the objectives of public health directions and decisions related to Covid beyond the suppression or elimination of Covid; and

b. provide a Minister with the exclusive, non-delegable power to make any public health direction and decision that is related to Covid.

3. The Commonwealth Parliament explicitly acknowledge its Government’s responsibility for quarantine and require the Government to exercise that responsibility by:

a. meeting all financial costs of quarantine of international arrivals, and if it chooses, seek to recover those costs from people subject to such quarantine;

b. approve, regularly inspect, and if necessary ensure rectification of all systems, staff, facilities and incidental matters used for international arrivals quarantine irrespective of which parties conduct those quarantine functions;

c. require all State directions and decisions relating to quarantine, whether of international arrivals or of others, to be approved by a Commonwealth Minister or delegate, and if not approved declared invalid by the Minister.

4. The Commonwealth Parliament legislate that any State direction or decision to inhibit movement of people across State borders be prohibited unless that direction or decision is:

a. approved by a Commonwealth Minister; and

b. the reasons and all advice related to (a) above is published at time of approval; and

c. any approval in (a) and all matters in (b) are tabled in Parliament within 14 days and subject to disallowance.

5. Commonwealth and State Health Ministers should establish, and attend all meetings of, a formal Committee responsible for direction and oversight of, and that receives advice from, formal expert anti-Covid advisory committees/meetings that include officials who represent or are engaged by the States or the Commonwealth.

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