

# 11

## **Pandemic daze: From causal to casual**

Mark Kenny

It is time to move away from COVID exceptionalism, in my view, and we should be thinking about what we do to protect people from any respiratory disease. It does not mean we have somehow magically changed the infectiousness of this virus. It is still infectious.

(Professor Paul Kelly, chief medical officer, 30 September 2022)

### **Australia and its management of the pandemic in overview**

When the Australian of the Year was announced in January 2024, the two eminent melanoma specialists jointly awarded the country's top annual tribute snapped the public's patriotic reverie with a sobering corrective. Aware they were beaming into lounge rooms across the country, professors Georgina Long and Richard Scolyer, the latter afflicted with terminal brain cancer, used their pinnacle moment of good-vibes television to deliver an uncompromising reality check to a public wilfully defying a mortal risk: 'Tomorrow, [Australia Day]<sup>1</sup> thousands of Aussies will be on the beaches, working on their tans, or as we see it, brewing their melanomas', Long said:

---

1 Australia's national day occurs on 26 January and is a public holiday around the country.

A tan is skin cells in trauma in response to over-exposure to UV radiation from the sun. There is nothing healthy about a tan, nothing. Our bronzed Aussie culture is actually killing us.

(Long, 2024)

They then called on advertisers and social media influencers to stop glamourising sun tanning in order to sell products. The parallel with a growing COVID-19 normalisation or what I will call here 'casualism' seemed obvious, even before noticing that the pair's live address came on 25 January, four years to the day since the first SARS-CoV-2 infection was confirmed in Australia (Margo, 2023). Like the causal relationship between sun exposure and skin cancer, Australians had managed to both know and yet unknow about COVID's ongoing prevalence. This 'unknowing' took the form of refusing to maintain observance of even relatively small behavioural changes to reduce personal exposure to an illness that had provoked profound fear and urgency upon its arrival.

Unlike the chronic skin cancer risk, the acute danger of COVID-19 in 2020 (and since) did not prompt a nationwide public health campaign, despite the crucial importance of individual preventative action and the clear need for community awareness (Crabb, 2023). Over 48 months, the nation has progressed through several phases of pandemic perception, beginning with acute fear and confusion and ending (to date) with an insouciance that, on the face of it, is at odds with a quantified risk. By year three, mask wearing had become rare in public places and what had been ubiquitous public venue signage designed to enforce social distancing and other 'safe' behaviours was either withdrawn or, in any event, widely ignored.

Moreover, an observable resistance arose towards any discussion about a return to onerous pandemic restrictions and that resistance quickly extended to nearly all COVID-19 talk undertaken by political representatives and medical authorities. It was as if the government-mandated deprivations of the early pandemic period were seared more deeply into many peoples' minds than either the trauma of the virus or the fear of contracting it. In social situations, Australians commonly now remark that they do not wish to even think about the pandemic anymore, let alone brook discussions about new infection prevention measures, should they be recommended in future outbreaks of COVID-19 infection or, indeed, in respect of an entirely new viral threat.

The swing in community opinion from outright fear to weary indifference was dramatic. In between these extremes had come a period of intense societal clamour for governments (state and federal) to act decisively to protect the population. Once instituted, however, those same public health measures – isolation, testing, compulsory reporting, rigorous contact tracing, travel restrictions and more – proved onerous and became increasingly unpopular. By the middle of 2021, broadly unpopular protests by so-called anti-vaxxers were becoming more common in capital cities and regional areas of the country (Noble, 2021). For those employees outside the information economy, working from home was either difficult or impossible. Thus, there were disproportionate effects of infection control policy, with lower-income workers tending to fare more poorly than those on higher incomes.

These measures eventually gave way to a second phase in which public scepticism about the quality of medical science and a general mistrust of the motives behind official decision-making was fuelled by a growing problem of mis- and disinformation. In the space of two years, Australians had travelled from a state of high COVID-19 alarm characterised by widespread social compliance with restrictive health rules to a delusional state of behaving as if the threat had passed, even though, statistically, it had not. This paradigm shift found its expression in both policy and politics. As Shirley Leitch and Sally Wheeler point out in the opening chapter of this volume, Australians had confronted the COVID-19 threat under a conservative Coalition government known for its reverence for market principles and a certain, albeit inconsistent, libertarian rhetoric. Its successful election narrative had valorised debt and deficit reduction, lower taxes and a return to a balanced budget. Faced with the pandemic, however, these objectives had to be jettisoned – a process of mental adjustment for the government that came in fits and starts.

This political branding was fortuitous because, while the unprecedented stimulus spending undertaken by the Coalition would have been undertaken by the Australian Labor Party (ALP) had it won the 2019 election, it seems likely that the Coalition, in Opposition, would have vehemently opposed the extent of new emergency spending. Such a political difference over policy would have denied the country the level of political bipartisanship that characterised emergency economic assistance in 2020. In fact, it was originally the Australian Council of Trade Unions that had recommended wage subsidisation by the government to avoid calamitous unemployment expected from lockdowns (O’Neil, 2020). This proposal was then supported by the ALP – a call notably rejected at first by the Morrison government

on orthodox ideological grounds, before being agreed to, albeit in a modified form. The subsidies would go not to employees but to employers, and with minimal verification requirements to aid swift disbursement. In all, A\$88.9 billion was paid out in the program known as JobKeeper – equivalent to 4.5 per cent of GDP. This was the largest element of total pandemic support and was estimated at the time to have a final cost of A\$320 billion (Treasury, 2023). The JobKeeper scheme is analysed in some depth by Rohan Pitchford and Rabee Tourky in Chapter 4.

By the general election of 21 May 2022, however, the pandemic, and the Coalition government's handling of it, was regarded by both main parties to be unproductive terrain on which to campaign. COVID-19 minimisation measures, including debate over the delayed availability of vaccines, inadequate supply of PPE and access to affordable rapid antigen test kits (RATs), barely rated a mention against more pressing concerns around the economy, political integrity/corruption, women in politics and climate change. What had dominated the headlines only months before had come to be seen by the main parties as old news – a voter turn-off.

Even after the ALP succeeded in that election, its withering pre-election critique of its predecessor's policy failed to manifest in a serious change in governmental action, with no observable increase in public health messaging and little in the way of substantive new COVID-19 spending. As Chris Wallace (2023a) noted, within just eight months of its election, and despite the fact that only 30 per cent of voters thought the previous Coalition government had managed the crisis competently, the new ALP government led by Anthony Albanese appeared to opt for continuation rather than new interventions: 'The previous champion of muscular public policy slickly switched to a laissez-faire stance, with COVID-19 infection now declared a matter of "personal responsibility"' (Wallace, 2023a).

Noting that more Australians had died from COVID-19 during the Albanese government's first seven months in office than in the preceding 26 months of the Morrison Coalition government's handling of the pandemic, Wallace argues that medical experts had expected Labor to embark on a public health and awareness campaign aimed at educating Australians about the ongoing risks of infection and the ways that this risk could be minimised. Yet no such campaign materialised. It is likely that this substantial softening of Labor's promise to act on COVID-19 once in office stemmed from its political reading of the electorate. After two years of the pandemic, featuring movement restrictions and full lockdowns replete with stay-at-home orders

and even night-time curfews in the southern state of Victoria, the new national government had evidently concluded that there was not only little appetite for a return to fetters on social and commercial activity, but also that there was a distaste for mentioning the pandemic at all.

Australians had gone from being seriously scared of the virus to being equally wary of returning to extreme COVID-19 containment measures (Booker & Najma, 2022). This rapid switch spawned the term ‘lockdown amnesia’ – the desire of many to ‘close the chapter entirely, almost as if it had never happened’ (Thorpe et al., 2024). Thorpe et al. argue that ‘this desire to forget and move on ... is understandable at one level. But it also risks missing the opportunity to learn from what happened’. They warn that individual memories of the pandemic period risk becoming increasingly inherently vague with time, and vulnerable to ‘broader narratives (in the media or official responses)’ that could overwrite personal recollections:

Political calls to ‘live with the virus’ and media hesitancy to publish COVID-related stories due to perceived audience fatigue, can create a collective sense of needing to ‘move on’. Looking back can be seen as questionable, or even attacked.

(Thorpe et al., 2024).

## The role of the media

Constant entreaties from conservative politicians and right-wing media contributed to a breakdown in community resolve to take measures to halt infection, even though it was widely reported that the virus posed a more deadly risk for some people than others. Feeding public cynicism, ironically, was the facility of direct access to the medical advice informing official policy in the early stages of the pandemic, which, of necessity, underwent some changes as the pathogen was more fully understood and its means of transmission – aerosol – became the focus (Lupton, 2024).

The bespoke elements of crisis communication in the internet and social media age were also, somewhat perversely, key contributors to a sense of confusion; while the instantaneous sharing of health information via internet-connected devices aided dissemination of health warnings, it also facilitated alternative information sources. Deborah Lupton (2024) contends that this is an important difference in the perception of risk across

the community, because, in a pre-internet emergency, risk communication was a 'top-down practice' controlled by authorities – police, government leaders, health experts and the like. Whereas:

The affordances of the internet and digital media allow for the public sharing of this information to take place rapidly and globally. This has meant that modes of communication are no longer solely in the purview of experts or authorities.

(Lupton, 2024)

This top-down delivery of critical information during a crisis may have its weaknesses in that a single source of instruction increases the impact of wrong, delayed or just poorly communicated advice. But it at least does not have to compete with a vast array of putative authorities, including wild conspiracy theories and unscientific alternative treatments. The differential impacts of the pandemic as it unfurled – geographically but also economically, because lower-paid occupations tended to be less adaptable to a movement-restricted situation – combined with the dramatically altered media landscape of the hyper-connected digital age, fundamentally altered the way information flowed and the means adopted for its promulgation and receipt.

Prevention and mitigation strategies needed to take into account these new realities and the challenges of communicating with diverse publics with various media consumption modes, and perhaps much lower trust or confidence relationships with government, science and the validity of public health directions. The colossal, all-consuming nature of the pandemic threat meant that news media came to play the primary role. Transformed of necessity by accelerating advances in digital technology that made contemporaneous news coverage via the internet both technologically possible and commercially necessary, these companies (along with the two public outlets, ABC and SBS) quickly found themselves playing the role of COVID-first broadcasters (Kenny, 2023b). Daily press conferences called by state premiers and their respective chief health officers were broadcast live on rolling news channels – both free-to-air and subscription television. So normal did this become that the main ones, either in the bigger states or where outbreaks happened to be high at that time, were staggered in their scheduling so as to be able to be carried live across the nation.

As the crisis unfolded, journalists and, therefore, journalism itself became an instrument of public policy as media outlets carried official information to consumers, often uncritically, relating to infection numbers, hospitalisations and deaths, the need for social distancing and reporting symptoms, and

measures for ensuring personal hygiene etc. In an environment in which the formal parliamentary Opposition had adopted a non-confrontational stance by actively eschewing ‘politics’ in order to enhance a sense of unified policy, the usual accountability role of journalists became both more necessary and yet medically, socially and politically untenable. As David Speers (2023) noted, drastic public policy measures based on nascent virology and emergent epidemiology required ‘strong public trust and compliance for the measures to work’. Journalists and their employers were both chief conduit for that information and, potentially, the only protection for the public against capricious policy and state overreach:

This dynamic presented a challenge for the media, particularly those with a role in scrutinising and analysing decisions of government. Were we to comply with the pressure to uncritically explain what the government was doing based on ‘expert advice’ in the interests of public safety? Or were we to test that advice against the opinions of other experts, expose contradictions and highlight consequences, all while avoiding any misinformation or exaggeration? The pressure on media wasn’t just coming from federal and state governments. It was also coming, increasingly, from sections of the audience, understandably anxious about Covid and already shifting their viewing, reading, and listening habits.

(Speers, 2023)

In the early months of the pandemic, the answer seemed clear enough. No vaccine existed nor was there any certainty that one would be developed. Moreover, the primary method of transmission (i.e. aerosol) was under-appreciated while other aspects were overstated (Kenny, 2023b). According to Lupton (2024), during this period, some people reported becoming confused, distressed and overwhelmed by the sheer volume of information coming at them, as authorities and medical specialists scrambled to understand the nature of the challenge and the public policy response. However, she found that these negatives were often assuaged by the act of seeking out information about what to do. This bilateral state of anxiety about the unknown scale of the danger and the access to information from chief health officers, infectious disease experts and epidemiologists characterised much of the first two years of the pandemic.

In the second two years of the pandemic, things shifted markedly. Trust in medical expertise, government policy and the necessity for ongoing COVID-19 deprivations began to decline. The possible role played by some commentators in the News Corporation media in this decline is

discussed by Tony Ward in Chapter 9. Early support for strong pandemic measures undertaken and enforced during 2020–21 gave way to ‘much lower support’ in the second two-year period. Complacency replaced COVID-19 anxiety, which, according to Lupton (2024), was linked to the ‘progressive withdrawal of strong public measures such as quarantine, mandatory isolation when infected, and testing and tracing regimens’. Both media and governments pulled back from daily discussion of the dangers of COVID-19, perceiving a widespread weariness in the broader public. According to some assessments, indifference about the real risk of infection rose against a concomitant fall in direct public entreaties on the need to wear masks and take other protective measures to avoid the virus (Lupton, 2024; Margo, 2023; Wallace, 2023a). It seems reasonable to conjecture that a withdrawal of what had been saturation media coverage about infection, hospitalisation and fatality numbers was received by the community as a sign that life was returning to normal. Thus, a reflexive loop may have emerged in which media – and political leaders – responded to a perceived public distaste for ongoing COVID-19 coverage, and the public increasingly read that as evidence that the worst was over.

It was into this changing dynamic that the pre-election positioning of both the Coalition and Labor began in the first half of 2022. Elected in May of that year, the new ALP government led by Prime Minister Anthony Albanese had been expected to make an observable step-change in public messaging about the dangers of COVID-19, and to prioritise the funding of measures to protect the vulnerable – particularly residents and staff in frontline aged care facilities and hospitals. Earlier, when criticised for the more energetic behaviour of other governments on behalf of their citizens, Prime Minister Scott Morrison had declared ‘it’s not a race’, sparking widespread outrage in the community. Labor, while initially measured, had been critical of the Morrison government’s perceived lack of urgency at important points in the crisis. ‘It is a race. It’s the most urgent job in the country right now’, Albanese had said in May 2021, a year before the election:

The cost of the Morrison Government’s delays is being paid for by every worker who can’t go to work, every business that has to shut, and every Australian who can’t be with their loved ones.

(Albanese, 2021)

Labor had previously condemned poor logistics and coordination in the acquisition and distribution of PPE for health workers, police and other essential services. Once it became clear that one or more vaccines were

looking like gaining approval, the Morrison government had been seen to go slowly on securing enough supplies for the Australian population. Subsequently, as the emphasis on COVID-19 testing swung away from state-mandated (and provided) PCR testing towards self-testing, the government was criticised for failing to ensure adequate supplies of imported RATs.

## Post-election positioning

Once finally in office, the ALP was expected to present a more front-footed approach to the ongoing pandemic threat. However, the material change was, according to some, hardly noticeable. Data obtained from the Victorian Health Department by the ABC in June 2023 revealed that at least 659 Victorians died from COVID-19–related illness while receiving treatment for other pathologies between 2020 and April 2023. The ABC stated that information released under freedom of information laws put the number of ‘suspected’ cases of hospital-acquired infections in state hospitals at 5,514 (Cook, 2023). The ABC report followed just weeks after the Monash Health Service in Victoria joined many other healthcare providers in softening its rules around COVID-19 protocols, reducing or removing front-entrance screening of members of the public and the mandatory wearing of N95 masks for frontline health workers, including nurses, orderlies and doctors.

The ABC story was just one of a plethora of reports on the apparent mismatch between the statistical realities of COVID-19 as an ongoing pandemic and the dramatically different levels of public and official consciousness about the disease and measures available to reduce its transmission. In July 2022, Minister for Health and Aged Care Mark Butler told a podcast on *The Conversation* site that the new federal government was not about to reintroduce strong pandemic management rules, such as movement restrictions, mask mandates or compulsory stay-at-home orders for those infected or exposed to those carrying the virus:

What we don't want to end up with is a position where the community thinks government is being heavy handed or just continuing a situation which the community tolerated very well over ... the first two years of the pandemic, but I think is starting to reach the end of their tether about.

(Grattan, 2022)

The argument that ‘the community ... is starting to reach the end of their tether’ is telling in relation to a disease that is known to be both deadly and preventable, and which has been the subject of the greatest set of policy and budgetary provisions in relation to a public health matter in Australia’s history. It is likely that this reflected a sociopolitical assessment by the Labor government as much as any health-based imperatives. The result was a framing of policy measures designed to address public impatience rather than an increase in public inpatients, despite the latter reflecting the reality of the ongoing community threat.

By February 2024, the ABC was describing the abandonment of specific infection minimisation measures in public hospitals as ‘the Robodebt of medicine’ – a reference to a notorious government debt recovery system that created bogus financial liabilities, hounded the poor and marginalised, and largely escaped major media attention until it had inflicted widespread social harm, including suicides. The ABC stated:

Health departments insist the risk of catching COVID cannot be eliminated completely, and that hospitals maintain stringent measures to prevent infections and manage outbreaks. But senior healthcare workers in several states say vulnerable people – including transplant and oncology patients and others with compromised immune systems – are contracting COVID because even basic precautions are not being taken: a consequence, they say, of hospitals’ failure to address airborne transmission, and the pervasive myth that COVID is ‘just a cold’.

(Gleeson, 2024)

Hospitals and aged care facilities that had been at the coalface of the pandemic emergency during 2020–21 had, somewhat jarringly, formed the vanguard of a new *laissez-faire* attitude to COVID-19 transmission, described by some as ‘let it rip’ (Wallace, 2023b). Simultaneously, these facilities emerged as nodes of many infections, causing some fatalities, and yet also as bellwethers of a new pragmatism in which it is accepted that the virus is practically unstoppable and, therefore, simply to be lived with. In a submission to the federal government’s COVID-19 Response Inquiry, OzSAGE, which describes itself as a ‘multi-disciplinary network of Australian experts from a broad range of sectors relevant to the well-being of the Australian population in the COVID-19 pandemic’, characterised the rate of hospital-acquired COVID-19 infection as ‘a national crisis’: COVID-19 acquired in hospitals ‘is causing a greater burden of disease than other nosocomial infections such as wound infections and antimicrobial

resistance’ (OzSAGE, 2023). OzSAGE cited data provided by Victorian health authorities that showed, in 2022, over 3,000 people acquired COVID-19 while in hospital in Victoria alone, and greater than 10 per cent of these died as a result (OzSAGE, 2023). Arguing that patients have an inalienable right to healthcare that does not put them at greater avoidable risk, and that prevention is a ‘core responsibility’ of infection prevention and control committees, OzSAGE reported that most states had ‘removed the requirement for masking in healthcare’ and that guidelines were not being followed regarding the wearing of masks when treating vulnerable patients (OzSAGE, 2023). The group joined a growing number of experts in medicine, public policy and related fields pushing for a re-tightening of anti-COVID-19 measures with particular emphasis on mask wearing in patient interface situations, improved ventilation in hospitals and public places, as well as greater community access to vaccines and to antiviral medications (Crabb, 2023; Lupton, 2024; Wallace, 2023a).

Some argue that once Labor achieved its goal of forming government, it lost the resolve it had shown on the Opposition benches to buttress public safety through high-profile public awareness campaigns and the reintroduction of restrictions on public contact when infections broke out. For Wallace (2023b), the new government’s reluctance can be attributed to an ‘asymmetry’ in the public debate in which a small group of people with a sceptical attitude to the severity of the virus, the advisability of vaccines and the motives of governments has had an outsized influence. In some instances, this asymmetry may have intimidated politicians at a personal level via social media campaigns. Wallace says that these ‘anti-vaxxer’ voices have ‘essentially hijacked the brains of the politicians who are responsible, state and federal, for public health in Australia’. She contends that social media ‘massively inflamed’ the issues around community protection:

I think there’s a great fatigue amongst politicians and policymakers about being subject to that kind of attack – I think as a result, there’s been a very disappointing, indeed disturbing abandonment of public health fundamentals in this areas as something that governments state and federal should aspire to be high achievers in.

(Wallace, 2023b)

In support of this view, Wallace (2023b) listed the tightly restricted availability of antiviral medication, the *laissez-faire* approach to vaccination in nursing homes, an unwillingness to actively recognise the reality that

COVID-19 is a 'respiratory infection' necessitating significant improvements in ventilation, and the paucity of proper metrics for monitoring COVID-19 morbidity and mortality.

A combination of community fatigue with inconvenient COVID-19 measures, right-wing and libertarian politicians disproportionately platformed by contrarian media, and government failure to provide leadership has licensed a growing mismatch between the reality of COVID-19 harm on the ground and the response at the official level. What had been a crisis of terrifying existential proportions in 2020, necessitating the biggest direct government interventions Australia has seen outside of wartime, has morphed into a more or less silent pandemic, as both governments and the public agree to pull back emergency measures even though the emergency itself continues.

## **The interplay of politics and policy**

The words quoted at the beginning of this chapter capture the official mindset of policymakers perhaps more explicitly than any others articulated in the time since COVID-19 observance lost traction in the public square and the subject itself became an impolite dinner topic. Expressed by the chief medical officer at a joint press conference called by the prime minister, they reflect an uncommonly clear enunciation of a largely unheralded retreat from spectacular intervention towards a new policy stance for the long haul, widely described as 'living with COVID'.

However, infectious disease experts, epidemiologists and social policy observers hold strong reservations about the very precept. They cite the effects of COVID-19 exposure on the immune suppressed, the elderly, the poor and those with a range of health conditions, including lung disease and hypertension. The failure to maintain the salience of these concerns in the public mind at anything like the level they occupied at the height of the crisis explains something about the nature of Australian society and the human capacity for the accommodation of acute risk when it becomes chronic risk: that is, the normalisation of danger during sustained crises. Ironically, it may well be that because medico-scientific knowledge was being built and refined in full public view as the pandemic unfolded, those seeking to undermine the efficacy and motives of social separation, masks, isolation, quarantine rules and vaccines gathered so many adherents. Perhaps the biggest surprise though, given what that accumulated knowledge pointed

to, is the failure of Australian governments, state and federal, to address the yawning gap in infection control: the inadequacy of up-to-date, properly resourced and enforceable indoor air quality (IAQ) standards. Doctors say that, while ventilation is not the same as viral elimination, it is arguably the most available proxy for that same outcome (OzSAGE, 2023). At present, Australia, like most countries, continues to fail on this most basic of requirements: the mandating of minimum IAQ. ‘The shocking reality is that most countries, including Australia, do not have any IAQ standards or even plans to establish them’, write Morawska et al. (2022, p. 578) in the *Medical Journal of Australia*.

The debate about the efficacy of emergency COVID-19 measures will continue, focusing, in particular, on the actions of the conservative Coalition government led by Scott Morrison when the pandemic started, and the Labor government from May 2022 when the political momentum seemed to ebb. For public health experts and economists alike, the dramatic actions of the Morrison government – closing the national border, banning social gatherings and ordering people to stay home – were pivotal. However, for a significant subset of the electorate, egged on by the populist press inspired by the US, the drama of COVID-19 was overblown and was used by a government already in trouble to be seen to be responding strongly. Said one prominent Liberal Party-aligned columnist:

If you think it was political genius for a leader to shut the borders to an island nation, lock Australian citizens inside, prevent Australian citizens overseas from returning home, then Morrison is your man. There is another view. Morrison set the template for Australia’s cruel, illiberal response. He didn’t have the nous to sensibly balance risk. Instead, he chose a sledgehammer to try to eliminate risk.

(Albrechtsen, 2024)

Arguably, both of the federal governments in power during the COVID-19 period responded partially to the health impetus and partially to the political/electoral pressures as they understood them. The Morrison government was unpopular for its perceived neglect during the ‘Black Summer’ bushfire crisis of 2019–20, such that the embattled prime minister had glimpsed his own political mortality within less than a year of winning an unlikely election in 2019. Thus, the arrival of a dangerous new virus in January 2020 presented Morrison with both an obligation to demonstrate national leadership and an opportunity to show voters that he was capable of emergency leadership. Yet, by the time the election was due in May 2022, almost two

years of working from home, interstate and overseas travel restrictions, and COVID-saturated news had worn thin with the public. Aided by the arrival of vaccines, Australia had gone from fear of the unknown to not wanting to know.

Politicians reflected this attitudinal vector as did media companies. When Labor took up governing after the 2022 election, its low-key response to the pandemic reflected this waning of public interest. An atmosphere of urgency invoked by the Opposition was replaced with a miasma of contingency and complacency. It took 16 months for the Albanese government to establish its long-promised inquiry into the handling of the pandemic, and, when it did so, the terms of reference were narrower than expected, excluding ‘actions taken unilaterally by state and territory governments’ (Australian Government, 2023, p. 2). This meant that the closure of state borders and the wisdom and efficacy of harsh lockdown restrictions – elements that had provoked strong community resistance – were beyond the inquiry’s purview. Thus, federal Labor neatly sidestepped the examination of actions taken (or not taken) by second-tier Labor governments, some of which were due to face voters soon after the expected September 2024 completion date of the inquiry (Karp, 2023).

Politics dictated policy from the outset of the COVID-19 crisis, although, in the first year or so, this carried no cost to the Coalition government because of a clear alignment of the two major parties. A frightened nation looked to the government for protection, extending it an almost unchecked licence to enact whatever infection control measures it deemed necessary to defeat the virus. As time wore on, the two imperatives – robust public health policy and public hunger for life beyond COVID-19 – would begin to diverge. The Coalition tried to adjust, but, and perhaps to an even greater extent than other ‘wartime’ democracies dealing with the crisis, it carried public opprobrium for hardships caused by the emergency measures (Gauja et al., 2023). By the 2022 election, it would be to post-crisis political/ electoral pressures, rather than COVID-19, that the major parties would ultimately be most sensitive to.

## References

- Albanese, A. (2021, 30 May). *It is a race* [Status update]. Facebook. [www.facebook.com/story.php/?story\\_fbid=334784481339728&id=100044245368721&paid=0&eav=AFZK5FMCrNTGIYwF7XEmzkuI60hCmWqPOVJPvFJ-HWL-CFhYPPZNOGQ2yE0LyLmAp2o&c\\_rdr](https://www.facebook.com/story.php/?story_fbid=334784481339728&id=100044245368721&paid=0&eav=AFZK5FMCrNTGIYwF7XEmzkuI60hCmWqPOVJPvFJ-HWL-CFhYPPZNOGQ2yE0LyLmAp2o&c_rdr).
- Albrechtsen, J. (2024, 13 February). From COVID to women, Morrison's legacy is an absolute shocker. *The Australian*. [www.theaustralian.com.au/commentary/from-covid-to-women-morrison-legacy-is-an-absolute-shocker/news-story/2e78c6662a0f915c9ac363a4e7298cab](https://www.theaustralian.com.au/commentary/from-covid-to-women-morrison-legacy-is-an-absolute-shocker/news-story/2e78c6662a0f915c9ac363a4e7298cab).
- Booker, C. & Sambul, N. (2022, 7 May). We're living with COVID but more of us are dying than ever. *Sydney Morning Herald*. [www.smh.com.au/national/we-re-living-with-covid-but-more-of-us-are-dying-than-ever-20220429-p5ah7y.html](https://www.smh.com.au/national/we-re-living-with-covid-but-more-of-us-are-dying-than-ever-20220429-p5ah7y.html).
- Cook, H. (2023, 26 June). 'A death sentence': More than 600 people die after catching COVID in hospital. *The Age*. [www.theage.com.au/national/victoria/a-death-sentence-more-than-600-people-die-after-catching-covid-in-hospital-2023-0621-p5di7x.html](https://www.theage.com.au/national/victoria/a-death-sentence-more-than-600-people-die-after-catching-covid-in-hospital-2023-0621-p5di7x.html).
- Crabb, B. (2023, 30 May). Does Australia need a new COVID-19 strategy [Audio podcast]. In *Democracy sausage with Mark Kenny*. [podcasts.apple.com/au/podcast/does-australia-need-a-new-covid-19-strategy/id1459965243?i=1000614960763](https://podcasts.apple.com/au/podcast/does-australia-need-a-new-covid-19-strategy/id1459965243?i=1000614960763).
- Department of the Prime Minister and Cabinet. (2023, 21 September). *Commonwealth Government COVID-19 Response Inquiry terms of reference*. Australian Government. [www.pmc.gov.au/resources/commonwealth-government-covid-19-response-inquiry-terms-reference](https://www.pmc.gov.au/resources/commonwealth-government-covid-19-response-inquiry-terms-reference).
- Gauja, A., Sawyer, M. & Sheppard, J. (Eds). (2023). *Watershed: The 2022 Australian federal election*. ANU Press. [doi.org/10.22459/W.2023](https://doi.org/10.22459/W.2023).
- Gleeson, H. (2024, 11 February). Too many patients are catching COVID in Australian hospitals, doctors say. So why are hospitals rolling back precautions? *ABC News*. [www.abc.net.au/news/2024-02-11/patients-catching-covid-hospitals-australia-infection-control/103442806](https://www.abc.net.au/news/2024-02-11/patients-catching-covid-hospitals-australia-infection-control/103442806).
- Grattan, M. (2022, July 13). Politics with Michelle Grattan: Health Minister Mark Butler warns COVID wave will worsen. *The Conversation*. [theconversation.com/politics-with-michelle-grattan-health-minister-mark-butler-warns-covid-wave-will-worsen-186915](https://theconversation.com/politics-with-michelle-grattan-health-minister-mark-butler-warns-covid-wave-will-worsen-186915).

- Karp, P. (2023, 21 September). Covid-19 inquiry will exclude state and territory decisions, Anthony Albanese says. *The Guardian*. [www.theguardian.com/australia-news/2023/sep/21/covid-19-inquiry-australia-government-response-state-territory-decisions-anthony-albanese](http://www.theguardian.com/australia-news/2023/sep/21/covid-19-inquiry-australia-government-response-state-territory-decisions-anthony-albanese).
- Kenny, M. (2023a, 21 September). Anthony Albanese's COVID inquiry avoids key areas where lesson could be learned. *Canberra Times*. [www.canberratimes.com.au/story/8359270/inconsistent-and-hypersensitive-a-covid-inquiry-to-match-nations-pandemic-response/](http://www.canberratimes.com.au/story/8359270/inconsistent-and-hypersensitive-a-covid-inquiry-to-match-nations-pandemic-response/).
- Kenny, M. (2023b). Febrile nation. In T. Kirkland & G. Fang (Eds), *Pandemia: How COVID changed journalism* (pp. 118–129). Monash University Publishing.
- Long, G. (2024, 25 January). *2024 Australian of the Year recipients Professor Georgina Long and Professor Richard Scolyer*. YouTube. [www.youtube.com/watch?v=5eO7yNBW3fg](http://www.youtube.com/watch?v=5eO7yNBW3fg).
- Lupton, D. (2024). COVID-19 and crisis communication. In B. Griffen-Foley & S. Turnbull (Eds), *The media and communications in Australia* (pp. 285–289). Abingon. [doi.org/10.4324/9781003280644](https://doi.org/10.4324/9781003280644).
- Margo, J. (2023, 24 January). After three years of pandemic, welcome to the silent and deadly phase. *Australian Financial Review*. [www.afr.com/policy/health-and-education/it-s-year-three-of-pandemic-so-where-are-we-20230123-p5ceu8](http://www.afr.com/policy/health-and-education/it-s-year-three-of-pandemic-so-where-are-we-20230123-p5ceu8).
- Morawska, L., Marks, G. B. & Monty, J. (2022). Healthy indoor air is our fundamental need: The time to act is now. *Medical Journal of Australia*, 217(11), 578–581. [doi.org/10.5694/mja2.51768](https://doi.org/10.5694/mja2.51768).
- Noble, F. (2021, 21 February). Anti-coronavirus vaccine protests held in Melbourne, Sydney, Brisbane, Adelaide, Perth. *9 News*. [www.9news.com.au/national/coronavirus-protest-melbourne-brisbane-sydney-pete-evans/a328629b-4d7f-48b1-a13f-72fe42dd8c2b](http://www.9news.com.au/national/coronavirus-protest-melbourne-brisbane-sydney-pete-evans/a328629b-4d7f-48b1-a13f-72fe42dd8c2b).
- O'Neil, M. (2020, 21 March). *Australian workers need comprehensive wage support now* [Media release]. Australian Council of Trade Unions. [www.actu.org.au/media-release/australian-workers-need-comprehensive-wage-support-now/](http://www.actu.org.au/media-release/australian-workers-need-comprehensive-wage-support-now/).
- OzSAGE. (2023, 15 December). Submission for COVID-19 Response Inquiry. [ozsage.org/useful/uhzcus1h85qjs6myiqdnvr7yip2alb](https://ozsage.org/useful/uhzcus1h85qjs6myiqdnvr7yip2alb).
- Speers, D. (2023). A question of balance. In T. Kirkland & G. Fang (Eds), *Pandemia: How Covid changed journalism* (pp. 87–95). Monash University Publishing.

- Thorpe, H., O’Leary, G., Nemani, M. J. & Ahmad, N. (2024, 10 January). Wanting to ‘move on’ is natural – but women’s pandemic experiences can’t be lost to ‘lockdown amnesia’. *The Conversation*. [theconversation.com/wanting-to-move-on-is-natural-but-womens-pandemic-experiences-cant-be-lost-to-lockdown-amnesia-218510](https://theconversation.com/wanting-to-move-on-is-natural-but-womens-pandemic-experiences-cant-be-lost-to-lockdown-amnesia-218510).
- Treasury. (2023, 16 June). *Independent evaluation of the JobKeeper payment* [Consultation paper]. Australian Government. [treasury.gov.au/sites/default/files/2023-06/c2023-407908.pdf](https://treasury.gov.au/sites/default/files/2023-06/c2023-407908.pdf).
- Wallace, C. (2023a, 5 January). Albanese has let Australian voters down on COVID-19. *Nikkei Asia*. [asia.nikkei.com/Opinion/Albanese-has-let-Australian-voters-down-on-COVID-19](https://asia.nikkei.com/Opinion/Albanese-has-let-Australian-voters-down-on-COVID-19).
- Wallace, C. (2023b, 30 May). Does Australia need a new COVID-19 strategy [Audio podcast]. In *Democracy sausage with Mark Kenny*. [podcasts.apple.com/au/podcast/does-australia-need-a-new-covid-19-strategy/id1459965243?i=1000614960763](https://podcasts.apple.com/au/podcast/does-australia-need-a-new-covid-19-strategy/id1459965243?i=1000614960763).

This text is taken from *Because COVID ...: Pandemic Responses, Rationales and Ruses*, edited by Shirley Leitch and Sally Wheeler, published 2025 by ANU Press, The Australian National University, Canberra, Australia.

[doi.org/10.22459/BC.2025.11](https://doi.org/10.22459/BC.2025.11)