

Lockdown, Vulnerabilities and the Marginalised: Melbourne as a COVID-19 response study

BINOY KAMPMARK AND KENNETH CHRISTIE

This paper examines the COVID-19 approach in Victoria, Australia, with specific reference to the response to the second wave in July 2020. The lockdown of 112 days confining people to homes, limiting recreation hours, visits to friends and family, and only permitting the opening of essential businesses, posed stark challenges from a human security perspective. While the policy in the long run was successful in containing, SARS-CoV-2, the approach emphasised heavy policing, punitive measures and surveillance. While polling suggests that a majority of Victorians approved of these measures, this has come at enormous social cost: lost incomes to low wage earners and casual workers who cannot afford to self-isolate on being diagnosed; rises in instances of domestic violence occasioned by stay-at-home orders; arguments levelled against certain ethnic communities for being more susceptible for spreading the virus than others. Protest movements have also developed, comprising 'sovereign citizens' who openly refused to wear masks or observe curfews. Using human security as a vantage point, the successes of the Victorian-Melbourne lockdown model can be seen as mixed, notably from the perspective of wellbeing, mental and physical health.

Keywords: Covid 19 response, Victoria, lockdown, human security, social cost, sovereign citizens

We have learned that we cannot live alone, at peace; that our own well-being is dependent on the well-being of other nations, far away. We have learned that we must live as men, and not as ostriches, nor as dogs in the manger. We have learned to be citizens of the world, members of the human community. Franklin Delano Roosevelt, 4th Inaugural address (cited in Annan 2000a: 130).

Introduction

Australia is a country that has done relatively well in terms of the numbers when it comes to COVID-19. 'When you look at Australia compared to the rest of the world,' stated the confident Australian Prime Minister Scott Morrison, 'well frankly there is no comparison' (Briggs 2020). May 2021, it had less than 30,000 cases, and had recorded 910 deaths. A second wave of COVID-19 struck the state of Victoria in July 2020, prompting an extreme six-week lockdown on the part of the authorities in Melbourne, starting on 9 July. On 30 August, 41 deaths were recorded in Victoria, the highest since the outbreak (22 of these were in nursing homes). The response and reaction of the Government in Victoria has been deemed quite extreme by other response standards in Australia and globally, typified by curfews, one hour a day of exercise, travel only within five kilometres of the resident address and the closure of non-essential services. Vast powers of discretion in issuing infringement notices of COVID-19 orders have also been given to the state police.

This paper examines the COVID-19 approach in Victoria, Australia, with specific reference to the response to the second wave in July 2020. From a human security perspective, the public health experiment is problematic. While the policy in the long run was successful in containing, and even eliminating SARS-CoV-2 at lengthy intervals, the approach emphasised heavy policing, punitive measures and surveillance. While polling suggests that a majority of Victorians approved of this approach, this has come at enormous social cost: lost incomes to low wage earners and casual workers who could not afford to self-isolate on being diagnosed, rises in instances of domestic violence occasioned by stay-at-home orders (Quadrant 2020), mental health effects (Kinsella 2020), and the stigmatisation of certain ethnic communities accused of being more susceptible for spreading the virus than others (Razik and Baker 2020). Protest movements have also developed, comprising 'sovereign citizens' who openly refuse to wear masks or observe curfews. Using human security as a vantage point, the successes of the Victorian-Melbourne lockdown model can be seen as mixed, notably from the perspective of wellbeing, mental and physical health.

Human security is seen as a framework for protecting vulnerable individuals who face many different elements of insecurity (political, economic and social to name a few) and provides an alternative perspective to the often

'hard' security model of the state where vulnerable and marginalized populations are often ignored or abandoned (Kaldor 2007). The nature of COVID-19 has provided another dimension to such debates: the disruptions and disturbances caused by pandemics, and the public health policy approaches accompanying it. These have had serious implications not only for health security but also for political and personal security, as we see the state going into territory in which it has had little remit.

This paper is divided into three sections. The first part introduces the concept and practice of human security. The second looks at how this can be applied to the COVID-19 pandemic, particularly in relation to the case of Melbourne in Australia. It concludes with some lessons and reflections for policy makers aiming to protect human security locally and globally in the time of pandemic.

Human Security

If there was ever a case for understanding the application of concepts of human security on a local and global scale, then that case is now. Human security offers an interdisciplinary approach to traditional theories and practices of security, furnishing policymakers a way to pay more attention to the solutions it offers to cope with health disasters and pandemics like COVID-19. Kofi Annan has argued that 'Human Security embraces far more than the absence of violent conflict. It encompasses human rights, good governance, access to education and health care and ensuring that each individual has opportunities and choices to fulfill his or her potential' (2000b: n.p.). What the former-UN Secretary General is suggesting is that human security can only be realised through the coordination of institutional policies and practices. And nowhere has the coordinated response to health care through human security measures targeting the weak, the marginalised and the vulnerable apply more now than to the millions affected and billions potentially affected by the global COVID-19 pandemic. Beginning with the 1994 UNDP Human Development Report, the human security doctrine emerged as an important mechanism for conceptualising development and conflict. However, its focus was to ensure the protection of vulnerable individuals caught in conflict and powerless to act in their own interests. It became an important bilateral and multilateral tool for a range of actors including governments and NGOs alike with a particularly focus on relief, development, and rule of law and human rights.

Human security is the security of vulnerable individuals to threats and dangers posed by their environment. The concept is interdisciplinary, holistic, and has a normative bias in favour of the individual in a way analogous to human rights. It has two main components. The first – freedom from want, is expansive, referring to basic needs

such as food and shelter; the second, narrower version, 'freedom from fear', includes identity, needs, and physical safety. Both components are interrelated; Amartya Sen, the Nobel economist, has linked 'development as freedom' reinforcing the connection between freedom from fear and freedom from want (Sen 1999). The COVID-19 crisis feeds directly into this as individuals, groups and nation states panic with a global phenomenon in which the only certainty is uncertainty and governments react rather than formulate long term solutions to the problem.

Human security first emerged as a term in the 1980s as a riposte to the version of 'national' security, but it was not until 1994 that it really gained credence. It is a contested concept, primarily over the issue of definition: the narrower freedom from fear notion as opposed to a broader expanded view, freedom from want. Both were developed in the United Nations Development Programmes Human Development Report of 1994 (UNDP 1994). Freedom from fear, the narrower of the two, seeks to limit human security to protecting individuals from violent conflicts while at the same time seeing these threats as strongly associated with poverty, lack of state capacity and other forms of inequities. Freedom from want argues that threats involved in human security should be expanded to include hunger, disease and natural disasters, and health because they are inseparable concepts in addressing the root of insecurity (MacLean 2005). They also typically kill far more people than war, genocide and terrorism combined. This develops the focus beyond violence with emphasis on human development as the optimum way to protect individual security.

Some writers have argued that COVID-19 has led to a more insecure world and the solution is to have more 'hard' security (Burton 2020). Scientists are increasingly arguing that COVID-19 will carry on, possibly for years. This may in turn strain the capacity of the planet to deal with various challenges, potentially translating into persistent unemployment, food insecurity, political unrest, and violence.

Signs of fragility are not confined to poorer countries or even to marginalised communities in wealthier cities. The incoherent and fractious nature of international efforts to tackle this global pandemic is not helping. The UN Secretary-General has called for a 'global ceasefire to stop all "hot" conflicts. At the same time, we must do everything to avoid a new Cold War' (Guterres 2020). Major powers have been slow to rally in support, each adapting their own strategies and responses, some of them extraordinarily strong and measured like Canada, others weak and vacillating like the USA where the pandemic has produced the highest death rate in the globe.

The fact is that COVID-19 has shown that human security issues are global and cannot be isolated in nation-states. Given the global nature of the coronavirus, the response to containing and suppressing it must be global in nature, bringing the importance of cooperation between nation states back into the spotlight.

Human security recognises that individuals are entitled to security within the states they live. While states have always defined security in this way, human security argues that it is individuals who need to be protected, especially when they are usually on the receiving end of state violence. By protecting human security, you are protecting state security.

The concept of good governance also means protecting human security, making people feel safe and allowing them to pursue their aspirations. It is also when people feel that their human rights are protected, and they feel secure in this, that we are practising good human security and good governance. Canada and Japan for instance, both strong proponents of human security, have incorporated features of the UN versions of human security into their foreign policy agendas. Good governance demands that the state provides for and protects its population. Human security, as outlined by the UNDP (1994), can be broken down into the following categories, which are separate but should be thought of as overlapping:

- Economic security, which requires an assured basic income for individuals, usually from productive and remunerative work or, as a last resort, from a publicly financed safety net. Following the economic crisis of 2008-2009, this has become a global problem, creating impoverishment and hardship for millions of people.
- Food security, which requires that all people always have both physical and economic access to basic food.
- Health security, which aims to guarantee a minimum protection from diseases and unhealthy lifestyles.
- Environmental security, defined by the Millennium Project (2017) as meeting three areas:
 - A) Preventing or repairing military damage to the environment,
 - B) Preventing or responding to environmentally caused conflicts, and
 - C) Protecting the environment due to its inherent moral value.
- Personal security, which aims to protect people from physical violence whether from the state or external states, from violent individuals and sub-state actors, or from violent abuse from predatory adults.

- Community security, which aims to protect people from the loss of traditions and values and from sectarian and ethnic violence.
- Political security, concerned with whether people live in a society that honours their basic human rights, freedoms and allows them to pursue their aspirations.

Under the pandemic we currently face, certain categories are more important than others. Economic security, health security and political and personal security would certainly be priorities under this system.

Importantly, appreciating the context of human security helps us understand the factors pushing and pulling contemporary responses to pandemics like COVID-19. The context enables us not only to draw up a more holistic understanding of the problem and responses to the problem, but also know where the roots lie and from what angle to tackle them. The social context is largely intertwined with the cultural context and understanding the dynamic interplay between culture and conflict can illuminate previously missed 'drivers' or influences of a conflict. Culture helps us make sense of the world; it shapes our worldview, our sense of belonging and our feelings of safety and belonging.

The mental health impacts of conflict are of course extreme, resulting in people with lifelong Post Traumatic Stress Disorder and chronic ill health. Under COVID-19, the mental health impacts are also becoming more severe and increasing the vulnerability and exacerbating the already deep-seated problems of marginalised groups and the mainstream of society. The Opioid crisis had British Columbia for instance see a sharp spike in deaths throughout the pandemic (Mathew et al. 2021). People feel the social isolation more than ever and previously problems of mental health, addiction and unemployment are compounded.

The Case of Melbourne: A crisis in governance and health management?

The Melbourne Stage 4 lockdown, one of three phases of lockdown since March 2020 in response to the global coronavirus pandemic, provides a cogent study on the ways public health policy towards the vulnerable, the marginalised and the communitarian idea of 'being in this together' was implemented. The Melbourne model of coronavirus suppression is arguably one of the harshest that has been employed in democratic societies, being similar in realisation to the New Zealand approach of elimination adopted by the Arden government.

The case study is striking in highlighting problems and debates with human security governance. It is also a salient reminder that COVID-19 is not merely a matter of medical urgency, tracing, containing transmission, health directives and data modelling. Melbourne residents have been found to be ailing in atomised isolation. Tens of thousands have lost gainful employment, incapable of earning their income in industries not falling within the definition of necessities. Their mental health is suffering, with depression exacerbated and instances of domestic violence on the rise. As a Lifeline counsellor told the national broadcast in the first week of September, 'an elevated sense of stress and anxiety' around 'social distancing, quarantining ... isolation, disconnection from family, friends, community' had been noted across calls (Kinsella 2020).

The Victorian lockdown has prompted extensive debates on how best to minimise social and community harm. Pandemic security, policed by medical officialdom, has held sway on one side of the debate. The other is pressed by those concerned with wealth and economic security arguments. The question posed there is whether health security can be achieved at extensive economic cost. Former Australian Prime Minister Tony Abbott is a proponent of the latter view, having argued against the merits of the severe Victorian lockdown. He argues that governments, with the exception of Sweden, have approached the coronavirus 'like trauma doctors; instead of thinking like health economists, trained to pose the uncomfortable questions about a level of deaths we might have to live with' (Abbott 2020). The Victorian government, he claimed in his address to the Policy Exchange in London, had put 5.5 million Melburnians 'into virtual house arrest, under night time curfew, and banned at other times from leaving home for more than an hour a day, or from travelling more than five kilometres'. Such lockdowns might reduce instances of disease but not eliminate it: 'the result is not just a stop-start economy, but a stop-start life' (Abbott 2020).

Abbott suggests an approach that is two-fold: stressing voluntary decisions made by citizens on how best they manage pandemic risk (the Swedish model), and exposure to health risks that are almost Social Darwinian. Vulnerability becomes part of a calculus, measured against a range of variables. Australian lockdown efforts to prevent what were predicted to be 150,000 deaths were, suggests Abbott, insensibly generous - 'If the average age of those who would have died is 80, even with roughly 10 years of expected life left, that's still \$200,000 per quality life year – or substantially beyond what governments are usually prepared to pay for life-saving drugs' (2020).

The Victorian Stage 4 lockdown also had its critics at the federal level. The Australian Prime Minister Scott Morrison

took issue with the severity of the prolonged measures, suggesting that other methods of viral detection, including better contact tracing, should be deployed. 'Sydney does not need to be under curfew now [because] they have a tracing capability that can deal with outbreaks' (Hurst 2020) Premier Andrews disagreed: Sydney, he argued, bore no comparison to Melbourne, the latter not having the equivalent degree of communal transmission.

Within Victoria, disagreement was also expressed by some members of the medical fraternity in an open letter to Premier Daniel Andrews. Signed by 13 medical practitioners and published in the conservative periodical *Quadrant* on September 1, it disagreed with the approach of the Chief Medical Officer and the Victorian government on 'the most effective way to control this disease' (Quadrant 2020). The realities of the data, they argued, had to be reassessed. For instance, 'COVID-19, while highly contagious, was of limited virulence'. From March 2020 till 31 August, 565 Victorian patients had died of the virus, as opposed to 10,000 patients with cardiovascular disease and 11,000 with cancer. Importantly, according to the specialists, most of those deaths had occurred in nursing homes and also occasioned by a risk of other causal factors: isolation, loneliness, deficient nutritional intake. The mortality rate for those physically well and under 60 years was 'extremely low'. 'Contrary to what you have said, Mr Andrews, the virus DOES discriminate' (Quadrant 2020: n.p.).

Using a blanket lockdown policy against all Victorian residents had resulted in 'unprecedented negative economic and social outcomes in people, which in themselves are having negative health outcomes'. The consequences: exacerbated depression, anxiety and a range of other mental health issues; an increase in instances of domestic violence 'through an extreme and unjustified disruption to family, social and work life' (Quadrant 2020). The health of the general population had also suffered from job losses, home schooling, restricting the numbers of those attending funerals, and the isolation of the elderly and single members of the community.

Arguments about protecting vulnerable populations through stay-home-orders and the imposition of harsh curfew measures have also prompted policy debates in the epidemiological and political community. How, for instance, are curfews evidently more effective in curbing transmission than mandatory masking? Is the Victorian approach flawed by its one-size fits all approach in dealing with suppressing coronavirus? Critical to this enterprise is the punitive element behind the lockdowns, and the stigmatising of those who disagree with such measures as 'covidiot's'. Police have been vested with enormous discretionary powers to issue infringement

notices and execute arrests. Overreach and abuse have been inevitable, a reminder that such policing responses hamper, not fulfil, health imperatives. As Reem Mussa of the *Médecins Sans Frontières* COVID Emergency Task Force noted, reflecting on the legacy of the 2014 Ebola epidemic, 'such coercive responses contradict evidence-based, public health best practice, and that targeting disadvantaged communities' results in stigma, fear and a loss of trust in authorities. This will be the legacy of this lockdown' (2020).

Buhler and Over-policing

One very public instance of this was the arrest of Ballarat resident Zoe Buhler by Victoria Police on September 2, 2020. Buhler had posted a message on Facebook urging Victorians to protest the coronavirus lockdown rules from regional Victoria, where Stage 3 lockdown measures were in force. 'Here in Ballarat we can be a voice for those in Stage 4 lockdowns [in metropolitan Melbourne],' she put in a Facebook post. 'We can be seen and heard and hopefully make a difference' (McGowan 2020).

Victoria Police duly made their way to her home in Miners Rest. They arrested and charged Buhler under the incitement provisions of section 321G of the Victorian Crimes Act 1958. One officer explained the reason for being in her home 'It's in relation to a Facebook post, in relation to a lockdown protest you put on just that day' (BBC News 2020). A shocked Buhler expressed confusion and promised to cooperate. She would take down the post, not realising that she had done anything wrong and not knowing the meaning of 'incitement'. Buhler noted the presence of her children as she was cuffed. She also claimed to have an ultrasound appointment in an hour.

The Assistant Police Commissioner Luke Cornelius was moved to admit that the arrest had been poor for 'optics' as 'arresting a pregnant female' was 'never going to look good' but claimed his officers had been well behaved and 'polite' (BBC News 2020). They had even offered Buhler assistance in rescheduling her ultrasound appointment. For all that, he was unrepentant, and even 'outraged' that 'there are still people in our community who think it's a good idea at the time of this deadly pandemic to leave home and protest'.

This was not a view shared across a spectrum of the policy and legal divide. 'You can accept lockdown and support saving lives', wrote associate editor of *The Australian* Caroline Overington, 'but you should still oppose cuffing anyone – much less a pregnant woman' (Overington 2020). Janet Albrechtsen of the same paper suggested a turn to fascism in the state, citing the view of the aforementioned 13 senior medical specialists warning Premier Daniel Andrews that the 'stage 4 lockdown policy

has caused unprecedented negative economic and social outcomes in people'. Health bureaucrats, she warned, had turned into 'health dictators' (Albrechtsen 2020).

Legal representatives and human rights advocates were similarly disturbed by what they regarded as a lack of proportionality and restraint in police action. Rosalind Croucher, president of the Australian Human Rights Commission, expressed her dismay in a statement, arguing that a crisis such as the current pandemic made it all the more urgent to respect rights. Temporary limitations on rights and freedoms in controlling infections might have been necessary but 'must always be proportionate to the risk – and managed appropriately' (Croucher 2020).

Similar sentiments were echoed by Elaine Pearson of Human Rights Watch, who went further in seeing dark parallels with other regimes less scrupulous about the rule of law and prone to dictate policy programs to their subjects. 'Arresting people pre-emptively for the act of organising peaceful protests or for social media posts is something that happens all too often under authoritarian regimes, and it should not be happening in a democracy like Australia' (BBC News 2020).

President of the Victorian Bar, Wendy Harris QC, reiterated the position that 'enforcement of those laws needs to be proportionate and consistent' (Victoria Bar 2020). In a 3 September 2020 statement, the Victorian Bar suggested that the police had been neither in their conduct towards Buhler. She had been arrested and handcuffed before her partner and children, despite Victorian case law holding 'that a police officer is not entitled to use handcuffs on a person merely because an arrest is made'. The measure was also inconsistent with previous 'reported and more measured responses by authorities to organisers and protesters of similar protests planned or carried out in contravention of public health directives' (Victoria Bar 2020). Such behaviour on the part of the policing authorities had risked the rule of law itself.

Greg Barns, National Criminal Justice spokesman of the Australian Lawyers Alliance, pointed out that police 'should not have arrested her in the first place' (Barns 2020). The police could have taken her up on her offer to remove the Facebook post with immediate effect, explain the nature of any breaches of the law, and leave the premises. Ruth Barson, Legal Director of the Human Rights Law Centre, concurred - 'Handcuffing a pregnant, remorseful woman who poses no threat, in her home in front of her kids, is plainly wrong' (Morandin and Singh 2020).

Instead, Buhler found herself, according to Barns, an unintended victor in the public relations campaign against

the severity of the lockdown and was bound to garner 'greater sympathy for those who are wanting to launch protests against the Premier and his government's draconian laws' (Barns 2020). As a case in point, Gideon Rozner, director of policy at the conservative Institute of Public Affairs proceeded to gather a group of legal representatives who, 'by hook or by crook' were intent on making sure Buhler will not face prison (Sky News 2020).

Addictions to Over-policing

The Buhler case can be situated in a broader debate about policing in the context of public health directives and poor human security governance. The state police in Victoria have been accused of over zealotry in discharging their functions. Ariel Couchman of Youthlaw noted the issuing of fines against people 'when they are not breaching public health directions' (Zhou 2020). These have also been unequally applied. Lloyd Murphy of Inner Melbourne Community Legal had also argued against such unnecessary heavy-handedness, noting instances of people being fined for not being at their family residence when complying with quarantine guidelines in hotels. Those in community housing seeking to better isolate in hotel accommodation and protect their families have also been given infringement notices (Davey 2020). This also happened in instances where Victoria's Department of Health and Human Services had put individuals up in hotels to prevent transmission in community towers.

The Police Accountability Project, based at the Flemington and Kensington Community Legal Centre in Melbourne, assembled a formidable critique of pandemic policing in Victoria during the Stage 4 lockdown. The group cites the inability of the police to interpret exemptions with professional care, understand the public health impacts of their work, and the self-defeating fact that policing 'undermines public health responses'. They argue that Victoria runs the risks getting used to the intrusive phenomenon of the 'police and military controlling our lives and movements' at the expense of 'health-led, civil society responses'. In terms of human security impacts, the group notes the impacts on mental health arising from aggressive policing (Police Accountability Project, 2020).

In what might be seen as measures to better assure human security during times of pandemic lockdowns, various suggestions have been made to better ensure the protection of vulnerable communities. Barns (2020) suggests the drafting of clearer laws that do not vest police with considerable discretionary powers. He also suggests that they engage in a more constructive, community role of educating residents on risks while adopting strategies to minimise stress (Barns 2020). For Barson, the crisis was also an opportunity for institutional reform: the creation of a 'properly resourced and independent watchdog to hold police to account when they do wrong, both now

and beyond the pandemic' (Morandin and Singh, 2020).

Increased Health Policing

Seemingly indifferent to the warnings and concerns of the effects on ever aggressive policing on public health, the Andrews government decided to enlarge the scope of pandemic control in September 2020. The COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Bill was drafted and passed in the lower assembly. With the express purpose of prolonging a set of emergency measures for six months, the most conspicuous provision in terms of threatening human security came in the expansion of powers of detention and determination of risk. The Secretary of the Department of Health and Human Services would be granted power to appoint anyone deemed to possess appropriate skills, attributes or experience, as authorised officers. Such 'designated officers' would have the power to detain anyone who had tested positive for COVID-19, or anyone who was a close contact with a positive case, for a period 'reasonably necessary to eliminate a serious risk to public health', provided it was 'reasonably believed' they would fail to comply with a direction of self-quarantine.

After remarking on various portions of the bill in her second reading speech on 17 September 2020, the Attorney General Victorian Attorney General Jill Hennessy described how the expansion of public health power would work - 'The broader class of persons who may be appointed as authorised officers may include public sector employees from Victoria and other jurisdictions. For example, health services staff, WorkSafe officers such as Inspectors, Victoria Police members and Protective Service Officers' (Hennessy 2020). Such an expansion of power would cover, for instance, 'individuals with particular attributes, such as connection to particular communities' to enable 'contact tracing' to take place in 'a culturally safe manner'.

The nature of such an expansion of power troubled politicians and various advocacy groups. Greens MP Tim Read was both worried and perplexed by the bill. Giving police, protective services officers and private security guards powers to unilaterally determine who constituted a high risk in spreading COVID-19 and detain them suggested a distinct diluting of expertise. It also constituted a dangerous conflation of power. 'Currently only public servants with the relevant skills and experience can make that decision' (Green 2021). Enforcing directions was a separate function of law enforcement, to be called upon only if needed. So the bill would allow police to both make health directions on individuals and then to enforce them. The point was also made by Mussa in July 2020 and the Victorian Bar (2020). 'Police are not trained health workers or educators' (Mussa 2020).

Subsequent investigations into the public health policies of the Andrews government also found instances of over-policing and human rights breaches. The Ombudsman of Victoria, in an investigation about the use of such powers, has been clear about the consequences (Glass 2020). The sudden lockdown of the North Melbourne and Flemington housing towers in Melbourne on 4 July 2020 'was not', claimed the office of Deborah Glass 'based on direct health advice and violated the Victorian human rights laws' (Victorian Ombudsman 2020). Glass at the time stated that 'Many residents knew nothing of the lockdown or the reason for it when large numbers of police appeared on their estate that afternoon' (2020). Residents were left without food and medicine. 'At the tower at 33 Alfred St., the focus of the investigation, residents waited more than a week to be allowed outside under supervision for fresh air' (Glass 2020). Certain rights had been breached, including the right to humane treatment when deprived of liberty. 'In my opinion, based on the evidence gathered by the investigation, the action appeared to be contrary to the law' (Victorian Ombudsman 2020).

Building upon such findings are various legal suits. In an effort to seek redress for such breaches, the three thousand residents in the ten towers who felt lockdown's harshest experimentation during the second wave have had a class action filed on their behalf against the Victorian government. The suit seeks damages for false imprisonment, battery, assault and for harm arising from humiliation, degradation and physical pain from being detained in the towers (SBS News 2020). Allegations are also made that the residents were not given free and informed consent when undergoing testing for COVID-19. When they did, they only did so under duress. A class action has also been filed on behalf of business owners who suffered economic loss occasioned by Stage 3 and 4 restrictions imposed on Melbourne in response to the second wave of COVID-19 in 2020.¹ The central proposition of the applicants is that losses arose because of negligence associated with the hotel quarantine program in Victoria.²

Lessons for COVID-19 Responses

It is clear from the way the Australian government and the local authorities in that country have handled COVID-19, that human security perspectives measures have not taken hold in the political or social response to the pandemic. In Melbourne, the measures taken to deal with the pandemic reflect a harder type of security, a more punitive, state-oriented strategy rather than dealing with health in the community and promoting care and empathy for vulnerable communities. The authors realise that at times the officials of the state have been panicked in their pandemic approach, because on a global scale we are still dealing with a phenomenon of evolving complexity.

The pandemic has shown that neither science nor technology can succeed in mitigating this human health disaster without human security practices which are embedded in globalisation. As fast as this virus had spread, the influx of information between countries in terms of vaccines, mapping, and so forth can help mitigate the progress of spreading, controlling the virus, and prioritising people's health. Unfortunately, the domain of public health in terms of coping with COVID-19 remains riddled with instances of suspicion, politicisation of the issue and vaccine nationalism. Community security suggests a preferable, contrary approach, emphasising cooperation and collaboration to protect and ameliorate people from the worst aspects of the pandemic.

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Notes:

1. COVID-19 State Government (Business Losses) Group Proceeding (Class Action) (5 Boroughs NY Pty Ltd v State of Victoria – S ECI 2020 03402), details at: <https://www.supremecourt.vic.gov.au/court-decisions/case-list/covid-19-state-government-business-losses-group-proceeding-class-action>.
2. Writ and Statement of Claim filed on 21 August 2020 in COVID-19 State Government (Business Losses) Group Proceeding (Class Action) (5 Boroughs NY Pty Ltd v State of Victoria – S ECI 2020 03402), <https://www.supremecourt.vic.gov.au/sites/default/files/2020-10/5%20Boroughs%20-%20Writ.pdf>.

Authors

Dr. Binoy Kampmark was a Commonwealth Scholar at Selwyn College, Cambridge. He is a senior lecturer in the School of Global Urban and Social Studies at RMIT University, Melbourne and is contributing editor to *Counterpunch*.

Professor Kenneth Christie is Program Head of the MA in Human Security and Peace Building in the School of Humanitarian Studies, Royal Roads University.

A Trodden Morning

Would it be better if there were no dollars?
If it wasn't a question. If exchange could drift.

We'd still rise in air, the sun, as though
we hadn't paid for all this, pockets, excess.

That we'd gambled all our proteins, see, a packet
falls like a branch and we watch numbers grow.

The bees are productive. They're not concerned with
standards or how a malaise spreads up our necks.

We step out into the nation. No, we live with it
that is, with our shoulders but can't see our hands.

Television or streaming don't bind us like they used to
as portals offering freedom, the instruction kit, the glimpse.

Our mysteries are warmer, dodging between the frost.
To be sentient, a little tinny, with things we can't pay for.

JILL JONES