

COMMUNITY DEVELOPMENT AND JUSTICE STANDING COMMITTEE

COVID-19 PANDEMIC HEARINGS



**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 16 SEPTEMBER 2020**

SESSION ONE

Members

**Mr P.A. Katsambanis (Chairman)
Mr M.J. Folkard (Deputy Chairman)
Ms L. Mettam
Mr S.K. L'Estrange
Mr D.T. Punch**

Hearing commenced at 9.36 am**Dr RON EDWARDS****Chair, State Emergency Management Committee, examined:**

The CHAIR: Good morning. On behalf of the committee, we would like to thank you for agreeing to appear today. One of the functions of the committee is to review the agencies within its portfolio responsibilities, which includes emergency services. From time to time the committee will conduct agency review hearings. Today we have asked you here to provide evidence in relation to the management of the COVID pandemic in Western Australia. I am Peter Katsambanis; I am the Chair of the committee. The rest of the members of the committee are the Deputy Chair, Mark Folkard; Libby Mettam, the member for Vasse; Sean L'Estrange, the member for Churchlands; and Don Punch, the member for Bunbury.

It is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege; however, this privilege does not apply to anything you might say outside of today's proceedings.

We have received your documentation that you sent through yesterday. That was very useful, particularly as a background and an overview. Thank you for that.

Before we begin our questions, do you have any questions about your attendance today?

Dr EDWARDS: Not at all.

The CHAIR: Do you have any brief statement that you want to make?

Dr EDWARDS: If it helps the committee, what I would like to do is—the purpose in tabling the document was to really say “There's the kind of narrative.” But, if it helps, I would like to highlight what I see as some of the key steps that occurred, particularly because they fall under the legislation, the Emergency Management Act?

The CHAIR: Sure—go ahead.

Dr EDWARDS: Good. Thank you very much. As parliamentarians, I want to thank you for the chance to be here, because the interesting thing is you would have sat in Parliament many times and you have passed bills and you think, “Where's this going to go? Why are we doing it?” I know there is an issue in terms of the community, but I have to say, as parliamentarians, this act of 2005 has proved to be in my view a really significant piece of legislation for the protection of the WA community. I think we have seen across Australia there have been challenges in other jurisdictions. The interesting thing about this is that the parliamentarians, who we have all inherited benefit from, have really shown some insight into what we might have needed. It is true that probably the world they were thinking about was about bushfires and cyclones, and I have to say, when I took over state emergency management chair, I thought that is probably the world we are going to deal with. That world still awaits us, but the pandemic is, as we know, something that is with us continually and looks like being with us for some time.

The interesting thing is—and I have to say that I checked my diary this morning and my first entry on this as SEMC chair—it was 21 January when I met with Minister Logan, and I made a note about this strange new influenza from China. So the story began there.

I know your interest is: what have we been doing collectively as agencies and as individuals to try and ensure that the community is protected? So, I will just draw a few little features out and give plenty of time for discussion and questions, because I would welcome that.

[9.40 am]

I guess the most significant thing is this legislation provides for something I guess we would never have thought of, which is the State Disaster Council, which as you know is chaired by Premier, and that is referred to in our submission. I can go further into that, but I think that is really important because that provides a properly established forum with the Premier there and relevant ministers, which oversees everything we do. Happily, that is locked into what Prime Minister Morrison has done, which is establish a national cabinet, which has given us national leadership. From that, the State Disaster Council can, in a sense, relate that to Western Australia. I have to say—you have been in public life for some time, and I have—I think COAG was a place where good ideas went to die.

The CHAIR: Correct.

Dr EDWARDS: I think the national cabinet is a step of genius by the national leadership and by the state leadership, because we have got consistency—with state variations. I think that is really important. The other important element here too is that the act provides for the declaration of a state of emergency, which occurred on 22 March, and the police commissioner had phoned me, and the minister had signed it off. From that moment, you knew the world had changed. Because Easter awaited us, and I had never seen an Easter like this Easter where, basically, we all stayed where we were.

The other thing the legislation provides for is the establishment of a State Emergency Coordinator, who happens to be the police commissioner, who is coming to see you, I think next week?

The CHAIR: Yes.

Dr EDWARDS: If you look across the different jurisdictions, I think the fact that we have got the police as the first responding agency is really so important because, in a sense, that is their day-to-day job. As we know as we move about, police men and women respond to a range of things. The fact we have had them in the frontline, dealing with the arrival of vessels like the *Artania*, or dealing with the airport, or dealing with people who are quarantine travellers perhaps trying to get out of a hotel, I think that has been really good; because sitting behind them is the hazard management agency, which in this case is led by Mr Russell-Weisz, and also a face we are familiar with, Dr Andy Robertson, our Chief Health Officer. I think having that balance in public policy has been a really good thing. I am not saying that because I am sitting here. I just think that when you look across the different jurisdictions—and, Chair, you would be familiar with the Victorian experience—perhaps their configuration is not as elegant as ours is.

The legislation also, of course, provides for the establishment of the State Emergency Coordination Group. I saw this at its best with tropical cyclone Veronica. The police commissioner then had the wisdom to bring in the resources companies and not just the public servants, because correctly he observed that north of the Tropic of Capricorn it is the resources companies that have got the big, heavy-lifting capacity. As it turned out with Veronica, we needed the resources companies to provide support, transport, logistics and housing. That, for me, was an example of what emergency response is at its best, which is: who is affected in this and who can we bring into the room to consult with? If I list the State Emergency Coordination Group meetings—I have got the minutes here, and I imagine they are not for public, but what is for public is the lists of meetings—we met on 2 February, 17 February, 28 February, 12 March, 19 March, 30 March and 22 April. Then it moved into less of an emergency coordination response, because we met on 10 August and now 11 September.

That is a very good forum in which all the interested parties, be they Perth Airport or Australian Border Force, or even the supermarkets, who at one stage we had reporting in, asking, “Are you facing issues of shortages because of what has happened with the border?” I think that SECG mechanism, in which the chair of SEMC—myself—and support by SEMC business unit were present at those State Emergency Coordination Group meetings.

Just going back, you have the State Disaster Council, which is very important in terms of the strategy of government, then you have got the State Emergency Coordinator appointed under the legislation, which is the police commissioner, and then the State Emergency Coordination Group in which the State Emergency Management Committee plays a part. I think they are important processes. The question you might ask is: but what if it was all just the public sector and they are accountable to ministers and so we are not getting the broader canvas? The thing that I am really pleased about is, particularly in that State Emergency Coordination Group area, we have been having people there to tell us things perhaps we might not have wanted to know; in other words, are there shortages for supermarkets or are we doing this properly?

One of the roles of SEMC from the beginning was to try and address what was called PPE. Overnight we all became very expert in that. We initially performed that role because the police commissioner at the SECG meeting—I think it was the February meeting—turned and said, “Could we, SEMC, look after the supplies of PPE?” I was going through it this morning; we actually went through all the various agencies—St John, Perth Airport, WA Police, Department of Education. Even in my own role on the board of the Polly Farmer Foundation, we were interested because we have tutors and teachers dealing with Aboriginal communities in remote localities, so there were risks. The thing that I was pleased about was I saw this evolution of a response system, which was bringing the community in, not the insiders versus outsiders—which I know you as parliamentarians would always worry about. Are we bringing the people along with us? In many ways there was an institutional framework that was set up that would bring people along with us, but I think the steps that we took were designed to ensure that we continued to bring people along.

So, shortages of PPE, how were we addressing that? First of all, let us find out what we have got, then let us see what the supply chain is like, then see what the demand is, and obviously we needed to prioritise. Who was the priority? Clearly it was hospital staff, health staff and police officers, and then St John Ambulance et cetera—you can go through that list. One of our roles—Stephanie was involved in this—was to try and provide updated information on who had what. An area, for example, you would not have thought of initially was Department of Communities. Oh, yes, of course, because they have people going out dealing with vulnerable people, perhaps in a specific living condition and they might need to do hands-on work with them. That was the complexity that we got involved in.

I know part of your thinking is: what were the learnings from this? I guess one of the learnings was: society is always far more complex than initially we think about. Please go down that journey and find out what it is that people need, and then you can bring them along with you. I do not want to speak much longer, but I think part of the reason Police Commissioner Dawson has had the consent model—we have talked about this a lot, and the Premier made that obvious when he raised the issue about whether or not it was appropriate for police to speak to someone who had had a run and ate a kebab and sat on a park bench—but, really, that is not the role of police, in my view; I think the role of police is to work with the community as much as they can. I will leave the police commissioner to talk more about that. I think the critical thing about the consent model was it was really designed to enlist community cooperation. Largely, I think that has been the case. I think we have got great community cooperation. But, also, you played a part in that, because you are leaders in our community; you are part of that arena.

I just want to make those initial observations about the way I see the architecture. I can go into more detail, if you like, but I really look forward to hearing your questions and comments.

The CHAIR: Thank you. I think we will delve right into a lot of that. Just at the outset, we are in a state of emergency.

Dr EDWARDS: Yes.

The CHAIR: What is the current date that the emergency is set to?

Dr EDWARDS: They roll over every fortnight. I think it was renewed, probably just yesterday. The process is that the minister signs it off from there, so it goes through that step.

The CHAIR: Is that fortnightly period legislative or regulatory, or is it just something that happens?

[9.50 am]

Dr EDWARDS: I am pretty sure it is regulatory. I could check the legislation. And you can understand the uncertainty of the parliamentarians when this was drafted. Do we want to be like those states where the leader declares a state of emergency and says, “Go away and I will see you in a couple of years”? No, we do not. We want to be like a state—where we are—where people are accountable. I imagine the reticence of parliamentarians was to say, “We’ll give them the power for a couple of weeks and then they have got to come back.” I imagine that was the context of debate.

The CHAIR: We have seen that in the public debate in Victoria about where you extend the state of emergency to, and Western Australia has that rolling series of declarations. We are six months in now, do you think that is appropriate or is there something that could be improved in that case, because this is not a cyclone and it is not a bushfire, and we do not know for how long the problem of COVID-19 will exist? Is that still an appropriate framework in your mind?

Dr EDWARDS: That may be better for the minister to answer; however, I think because the advice to the minister that the police commissioner provides is based on the Chief Health Officer’s advice, who in that case is Dr Andy Robertson, as you know we have become very familiar with the whole question of tracing, tracking cases and so on—and, of course, we do not have any community transmission at the moment. That has been the mechanism. It has been health advice that leads to the request for an extension of the state of emergency. I can only think that that will persist if Dr Robertson and others were to provide that advice. That is really just my understanding of the steps that are taken: it is health advice leads to a request for a further extension.

The CHAIR: Sure. I am probably looking at it from the public perception perspective, where you declare a state of emergency for a period of time—or you make a declaration about all sorts of things for a period of time, and an expectation develops, especially if it is a rolling series of these declarations, that at some point in time you will no longer declare the next extension.

Dr EDWARDS: Yes.

The CHAIR: As we go further in to this period of dealing with the pandemic, are we at risk of getting to that period whereby a public expectation develops that may not necessarily meet with the health advice or meet with the requirements of continuing to manage the pandemic?

Dr EDWARDS: Look, that question is so central, because I always like to think about what communities do. What communities naturally do is—we have got family here, overseas, interstate, so that is where, if you like, the pressure will continue to come is people wanting to have family reunification, for good reasons. The advantage of the current state of emergency means that we have a response agency; in this case, the frontline is the police, who are dealing with those requests for exemptions, but those are also based on health advice around them. It would seem to me—and that is a decision for the Premier and ministers—that that is working. It has provided a mechanism

that has got us to where we are, which is in a fairly safe place and our economy is performing well. It would be a policy decision for those above me who might say when that might need to change. But, for me, the settings are: we have got a response mechanism; it is providing exemptions and it is designed to provide protection for the community of Western Australia. When the decision is made by the Premier and colleague ministers based on their deliberations around health, there might be a different arrangement, but that is the way I see the setting at the moment and I cannot anticipate for them.

The CHAIR: I will just finish off on this and I will hand over to Sean. You talked about that getting down into community to assess the needs. Whose role is it to make that assessment? You have had some experience now in dealing with this over this period of time. Assuming you discover a gap or a need, which agency is then responsible for meeting that need and which group, agency or body oversees to make sure that need is met?

Dr EDWARDS: Am I right in thinking you might be referring to perhaps an outbreak, such as an aged-care outbreak?

The CHAIR: It is more when you spoke about going down into the communities and you discovered, for instance, the Department of Communities needs PPE, or it might be an outbreak. But in each particular case, say, the PPE example that you used, when we discover that Department of Communities ought to have a good store of PPE to give to frontline workers who go into vulnerable groups, who made that assessment? Was it your committee that made that assessment?

Dr EDWARDS: Initially, it was the State Emergency Coordination Group that was making assessments saying, “We need more support here.” Then the actual, if you like, the management of the stockpile was handed over to the Department of Finance, because in a sense it was their core business, and since then it has tended to just roll through because supplies were adequate, so there has been no other need to change —

The CHAIR: Who oversees that? Who oversees that it is adequate? So, it is Department of Finance? Is it the Auditor General’s role to oversee it?

Dr EDWARDS: The Department of Finance oversees that, and the way it works is, of course, the State Emergency Coordination Group still exists—the State Emergency Coordinator, the police commissioner would oversight it all, and then along with the police commissioner there is the State Disaster Council, which is responsible for the whole suite of policies. That is the kind of step process. Have I answered your question?

The CHAIR: Not quite, because obviously the Department of Finance has been tasked with delivery in the example that we were talking about—the PPE. So who oversights the Department of Finance to ensure that delivery is made?

Dr EDWARDS: Of course, there is the State Emergency Coordination Group that still exists.

The CHAIR: It is that group? Okay.

Dr EDWARDS: Yes. Of course, the Department of Finance is accountable to their own minister as well, who would also be accountable to the State Disaster Council, so there would be that chain of accountability. The State Emergency Coordinator himself—the police commissioner—has the overall responsibility for ensuring these matters are addressed. Of course, we get SECG minutes and their action items. We have had ones where we have had to respond: you know, there is SECG coming up, have you done this, have you done that? That has been the kind of accountability process so far. Is that —

The CHAIR: I think it does. It answers my question.

Dr EDWARDS: I have not forgotten you referred to the question of outbreak, which we can talk about if need be, and I am happy to do that, but I do not want to anticipate Mr L'Estrange's question.

Mr D.T. PUNCH: It is an ongoing system of accountability through that committee structure?

Dr EDWARDS: Yes. Yes; there is.

Mr S.K. L'ESTRANGE: Thanks, Dr Edwards. Chair, following on from that line of questioning. I have some questions more to do with your role, Dr Edwards. By way of context, you are probably already aware that the role of this committee covers a number of areas of responsibility, which includes police, emergency services, community services and local government. Those four key areas are intimately involved in the state of emergency that we are currently under; hence, the context of today's meeting.

Looking at the document you kindly provided us, right up front in the overview of Emergency Management Act, in the second paragraph it says —

The EM Act establishes the State Emergency Management Committee (SEMC), which is a Committee with a strategic, advisory role in relation to EM.

It is in that context that I am keen to get your view, not the view of what a minister might decide or what a Premier might decide, but your view as the chair of that committee in how you would go about advising. That is the context of what I am looking for for this line of questioning coming up now.

In 2018, my notes show some transcript of evidence taken in 2018, you had the State Emergency Management Committee as a key role was "... to anticipate and coordinate the way we approach emergencies". I think that was a quote from you at the time.

Dr EDWARDS: Yes.

Mr S.K. L'ESTRANGE: You said, "The SEMC is focused on setting ourselves up for success rather than actually responding." I think that is really key. We find ourselves today, picking up on the Chair's question, under a set of rolling state of emergencies. I think the current 14-day one expires today, as I understand it, and is due to be renewed. So, we currently have a situation where we are under both the state of emergency and a public health state of emergency; is that correct?

Dr EDWARDS: The Public Health Act, yes.

Mr S.K. L'ESTRANGE: We have got two.

Dr EDWARDS: That is right, yes.

Mr S.K. L'ESTRANGE: Do you oversee both?

Dr EDWARDS: Not really, and it would be a big extension to say that I oversee a state of emergency in the sense that it is the State Emergency Controller, who is the police commissioner, who oversees it.

Mr S.K. L'ESTRANGE: Sorry, I will rephrase it. You advise to both?

Dr EDWARDS: We certainly would provide advice through the SECG to the State Emergency Coordinator—where the police commissioner is, so we would certainly provide advice and support there and take references. Now in terms of the public health matter, to the extent to which Dr Robertson or Mr Russell-Weisz are on the SEMC, we have interaction with them, and also the extent to which they are on the State Emergency Coordination Group, we have interaction with them there. Ultimately, of course, they report to their minister and also to the State Emergency Coordinator, the police commissioner.

[10.00 am]

Mr S.K. L'ESTRANGE: Again, in the second paragraph of your document on page 1, it goes on to say, “The SEMC is supported by a subcommittee structure and reference groups, which provide expert advice to the SEMC on various aspects”, so you have information coming in and then you advise based on that going out to the State Emergency Coordination Group. They will then take your advice and decide what to do with it.

Dr EDWARDS: Yes. Customarily, our advice, of course, goes to the Minister for Emergency Services —

Mr S.K. L'ESTRANGE: Who is the chair.

Dr EDWARDS: Yes. We report to him. However, if an SECG meeting is called and we have had something referred to us or we have something we can put on the table, then we will do that. I know we did that for PPE, for example. We will put things on the table when we think it assists that process.

Mr S.K. L'ESTRANGE: Does your expert advice provide advice as to whether or not we need to renew a 14-day state of emergency?

Dr EDWARDS: No.

Mr S.K. L'ESTRANGE: Why not?

Dr EDWARDS: The architecture of that is it is around the Chief Health Officer's advice. Under the current arrangements, it is the Chief Health Officer's advice going to the police commissioner about the state of emergency. That would be the way it has been configured and that is the way it is working.

Mr S.K. L'ESTRANGE: Do you believe that that is in accordance with the act—the way it is currently working?

Dr EDWARDS: Yes, because the act actually sets up the State Emergency Coordinator as being the police commissioner, who is ultimately accountable, in this case, to the State Disaster Council. I think that works and SEMC is a part of that process but does not have the executive role in that process.

Mr S.K. L'ESTRANGE: I understand the role of the police commissioner as the State Emergency Coordinator, but somebody has to declare the state of emergency. Who advises the government to declare a state of emergency?

Dr EDWARDS: My understanding in this process is that that advice was arrived at by the police commissioner and the health advice that he worked on.

Mr S.K. L'ESTRANGE: But the police commissioner does not have the authority to call a state of emergency. He is called out to be the State Emergency Coordinator in the event of a state of emergency, so somebody else has to make the call.

Dr EDWARDS: Yes, and the Minister for Emergency Services himself, of course, signed off on that state of emergency on the twenty-second —

Mr S.K. L'ESTRANGE: Yes, so who advises the minister that a state of emergency is required?

Dr EDWARDS: He would take advice. I guess it really—to be fair, you should ask him, but I would understand that the advice would come from the police commissioner and the minister could take advice as well from the Chief Health Officer.

Mr S.K. L'ESTRANGE: The reason I do not want to ask the minister today is because, as a member of this committee, I am really interested in hearing key witnesses who are involved in Western

Australia's state of emergency so that I can then, as a member of Parliament and as a member of the committee, determine whether or not the act is being followed properly. So I am not really that interested in asking the minister today. I am interested in asking you, as the chair of the committee that has a strategic advisory role in relation to this. I am particularly interested in your point of view because I think it is important. The reason I think it is important is because, like you said in your opening remarks, I agree—I think when this state of emergency act was written it was in the context of very short disaster situations to recover from. I think there is no better example than the 2001 Twin Towers catastrophe in New York, which brought that city to a standstill. In the context of terrorism that occurred in 2001, I think all western cities have had to make sure that their acts are robust enough to be able to quickly respond to very drastic and changing circumstances. I sense that, in Western Australia, those circumstances have abated somewhat. We have not had community spread of COVID-19 for some time. We are more or less going about our daily lives relatively normally. So I am wondering who is advising the government to set the conditions to say that we are still under a state of emergency. That is really all I want answered. Do you know who is providing that direct advice?

Dr EDWARDS: My understanding is that the advice is based around the health advice and the advice from the police commissioner to the minister as to whether it warrants a state of emergency. It might help in terms of the way our role elaborated, that, in the State Emergency Management Committee minutes of 6 March, 8 May and 14 August, there are elaborate discussions around COVID. It really explained the role of SEMC that we had people coming, particularly from health but also the police commissioner and others, and we had a big discussion around what we saw, right then. You would be interested, of course, because we are serving a minister, I requested a 24-hour turnaround on the minutes because things were changing so rapidly. We would actually do what I would call a rougher draft, give it to the minister straightaway and go and meet with him and say, "We met on Friday; this is what we have come up with." It gave him as much of the consultation process. I hope that helps you understand that, from my understanding, I did not have the executive role. I had more of a role of bringing the information together and providing a forum in which the minister could then have as full an account as possible. Of course, then the minister can come back to me whenever he wants, but that was the way it developed. And I think —

Mr S.K. L'ESTRANGE: I appreciate that context. My final question in relation to this, then I will go back to the chair, is: no doubt at the start, you would have been bringing all these advisory groups together to provide that excellent advice to the Minister for Emergency Services and then to the police commissioner as the emergency coordinator. Today, as the chair of the principal advisory group—the strategic advisory group—in relation to emergency management, do you think we still need to be under a state of emergency?

Dr EDWARDS: I am comfortable with the current position. That is not a decision for me to make. I am comfortable with the current position. To give you a feeling for that, because I want to do credit to the burden of your question, I think one of the issues for the State Emergency Management Committees now is to ensure that we have outbreak plans in place for aged care and prisons et cetera. I think you get a change in the scenery and I think the SEMC can assist that changing scenery. The mechanisms that go from there would be mechanisms for the minister and, in this case, the police commissioner under the current arrangements to say we now have updated discussions and advice, and that has been fed into the SEMC and we are aware of that. I think that is the way I see it evolving. I am not dodging your question; I am just trying to give you the theatre in which I think it takes place.

Mr S.K. L'ESTRANGE: Does your committee have a view on what the conditions need to be to be able to provide advice to the minister to say whether we should or should not be in a state of emergency?

Dr EDWARDS: Not really. What I see—obviously, it does not mean I am infallible—is the critical role is, are we, in a really up-to-date sense, bringing as much information to the table as possible around the current emergency issues, be they bushfires, cyclones or pandemic? Are we providing really contemporary advice? I keep using this phrase—I want issues to be contested at the SEMC table. So when we get presentations, I want people to contest those so that what comes out of our advice, in a very contemporary way, is what we hope is the most relevant for the minister. Then it is the minister's consideration and we have obviously got the State Emergency Coordinator. They have then an executive role. Have I covered your concerns there?

Mr S.K. L'ESTRANGE: It is more around clarification. I am not concerned; I am just looking for clarity. As I said, we keep getting these 14-day rolling state of emergencies and I am trying to get some clarity around what would be the conditions under which you would advise the government that they do not need to be under a state of emergency. You have tried to attempt the question; I appreciate that.

Dr EDWARDS: Feel free to come back to me further.

Mr S.K. L'ESTRANGE: Thank you. That is all from me.

[10.10 am]

Mr M.J. FOLKARD: The SEMC—I am trying to get it right in my own mind—comes together and all the knowledge-based experts are drawn in, and that is the group that advises the minister whether we maintain this state of emergency et cetera. Am I right in that?

Dr EDWARDS: The principal advice about the maintenance of the state of emergency, in the current one, would come from the health officer and the State Emergency Coordinator.

Mr M.J. FOLKARD: So that would come through the State Emergency Coordinator, which in this particular instance is —

Dr EDWARDS: And that can go direct to the minister and to the State Disaster Council.

Mr M.J. FOLKARD: And from that advice he makes his recommendation to maintain the state of emergency. Am I right in that?

Dr EDWARDS: Yes, that is my understanding of that.

Mr M.J. FOLKARD: With the current act, is it saying every 14 days? Would it be of benefit if the legislation possibly extended it to 30 days or a four-week period rather than a fortnight?

Dr EDWARDS: I can see benefit in it being a little longer. I can always understand the tension between those who believe in the rights of the community and the infringement of those rights, and the capacity to go about doing your business. This one seems to have worked pretty well. Look, this questioning is really good because it makes you think about that. What you always need, I think, when you have got those is: are there checks and balances that I as a parliamentarian can go home at night thinking, 'Well, I have done my job. Yes, I have kept an oversight on the state of emergency; they are not taking away the rights of Western Australians et cetera.'" There is always that balance. We have seen where attempts to extend it by a long way have taken place, and there was a response to that.

I think that our system of shorter rolling arrangements is better. The puzzling thing is—and it goes to what Mr L'Estrange was referring to—this is not like a bushfire that ends in a couple of weeks,

you know. It is not being disrespectful to say that I do not really know what the best answer is. As someone who, in a sense, is legislatively conservative, I think it is better to say, "Let's keep doing what we are doing, and if it's not broken, let's keep it going." It might be that there is a better configuration. What I do like, though, is that the accountability comes back through ministers and through me talking to you. That is what I always think is really important: that you have got constituents who rely upon you to keep people like me and others accountable. I still think that is the best arrangement. I have not been definitive. I think two weeks might be a bit short, but how long do you make it? Maybe a month might be the best.

Mr M.J. FOLKARD: Hence the question: are we rolling it over too fast or a little bit longer just so we get some consistency, or when a decision is made there is a bit of time to see how effective it is? But if you are continually rolling it over at such short increments is that interfering with the decision-making process? That is the question.

Dr EDWARDS: I do not think it is. The intriguing thing is—and many of us are interested in social science—we have actually been conducting a laboratory experiment with our community. We have put certain controls in place. In another world that would be unethical. I am not saying what we are doing is unethical—no; we are saving lives. But you put certain controls in place, and you remove those controls and you see what happens. Human behaviour is wonderful because it adapts and adjusts and whatever. What are the best administrative arrangements to ensure that you manage it? All I can say is that I think the current arrangements are working and I think the rights of citizens of Western Australia are adequately protected, but it is extraordinary that we have been on this journey, is it not—an extraordinary journey?

Ms L. METTAM: I just pick up on your point about accountability. Obviously, it has been some time since there have been any cases of community spread in WA. I am just wondering what value do you think a review of the current measures that are in place—what is your view of reviewing where we are at and what measures we have in place at this point in time?

Dr EDWARDS: It might help the committee—I understand that the public sector is actually in the process of really gathering the continuous learning that we have had from the integrated management of COVID, and that will be supported with public sector advisers with experience across the public, private and community sectors in WA to continually review key aspects of the public sector's response. I understand that process is commencing, so it is really saying: what are the learnings and what are the mechanisms that we have gained from this?

Ms L. METTAM: I guess what we have seen—and you touched on the value of having members of Parliament critique the current set of arrangements—we have also seen situations through the public, through the media, where government have made different decisions on the way that the current set of management decisions are made. I am just wondering what value would there be in having an overarching group with representatives from, perhaps, former health ministers, people who are at arm's length from the operations, from departments, reviewing where we are and how prepared we are in the event of a real second wave? What value do you think that would have?

Dr EDWARDS: It might help that already the State Emergency Management Committee is doing that. We have started a review into the COVID response as part of our preparedness report for the next period. We have already been interviewing key people involved to really deposit "their learnings", which is your phrase, to say, "What are the things we have gained out of this that were really beneficial?" We are already into that process. I know now that the public sector agencies themselves are commencing that review as well. Your question really says, "But what about having outside views?" One of the things that the State Emergency Management Committee does, of course, is it benefits from having an independent member on it; it also has the WA Local

Government Association on it. One of the things I have always been keen to do—I use the phrase in emergency management “we personalise and localise”—is to ensure that we have discussions around what it is we have learnt and what are the best ways to take that forward. That involves local and district management committees and so on. I think there is that sense that we have enough outsiders involved in the current process asking the questions and ensuring that the best learnings are retained and we know what steps we are taking ahead.

Ms L. METTAM: Do we have PPE protocols in place for the rollout of aged-care testing? Because, from what we have seen in Victoria, the spread of COVID can happen very quickly and it is a significant challenge in aged-care facilities where you have hundreds of people that need to be tested at any one time. Are there protocols in place which stipulate you are wearing one pair of PPE gear per patient?

Dr EDWARDS: Yes. My understanding is that is the case. One of the roles of the Department of Finance that I referred to earlier has been to oversight that and to continue to ensure that there are stockpiles, particularly to deal with outbreaks. My understanding is that that has been part of the planning process that has been underway for some time.

Ms L. METTAM: Are you engaging with private pathology labs on those protocols as well, because I imagine that they would be required?

Dr EDWARDS: Yes. My understanding is that Department of Health has got an incident response team, and part of their work is to engage with the private sector to ensure that they have got the adequate materials that they need. That has been a continuing discussion; that has been going back now for some months. There is an incident response team in the Department of Health.

Mr D.T. PUNCH: Thank you, Chair. Thank you, Dr Edwards. I have got a number of really more confirmatory-type questions and questions that I want to ask exploring some of the issues that we have spoken about. Firstly, the pandemic—in a sense, the extended response overlaid with an extended recovery, because we do not have a neat distinction between responding and recovery because they are interacting in this space—has occurred in a way that the Emergency Management Act did not foresee back in 2005. There is an interaction there with the Public Health Act. But your overall assessment in terms of that strategic view that you have is that the act has been capable of supporting the framework to enable an adequate response and recovery.

Dr EDWARDS: Yes.

Mr D.T. PUNCH: And that the frameworks have been consistent with the requirements of the act through that time?

[10.20 am]

Dr EDWARDS: Yes; and if I can just quickly elaborate. I think one of the things that has worked really well—it is interesting, when you read the act, because it predictably was mostly about bushfires and cyclones, so much of the recovery focus was at the local level, with local government. Now we have a State Recovery Controller, and one of the things I think that has been really good is that she has gone about the process of localising working with local governments, finding out what their concerns are and, unlike any other state, we have now got a recovery plan that has a great local input. The legislation has been taken by very wise people—not me—and given that local emphasis. As I say, when you first look at the legislation you can understand why that was drafted, because it was Waroona and Yarloop, for example, and they are going to be involved. But this is different. So, how do you manage a statewide recovery plan at the local level? What has happened, I think, has been excellent, because they have conducted forums, they have run workshops; they have found out what local communities are needing and then the recovery plans are coming.

The other part you refer to of course is that you have response and recovery happening at the same time, and that in itself is a little different. I think it is to the credit of Western Australians that we are in the recovery phase well ahead of anywhere else in Australia. That is good.

Mr D.T. PUNCH: Yes, it is. The second question, really, was around this 14-day rolling program of declarations of emergency, and that is a useful check and balance. From what I am hearing, it is not interfering with the operationalisation of response and recovery. Although we have this overlay of having to review and check and confirm that it is still required, those principles I guess are also applying to the declaration of a public health emergency?

Dr EDWARDS: Look, I am not sure on that. I should not guess on that. I just am aware of the state of emergency declaration. No, I am not aware of that mechanism.

Mr D.T. PUNCH: Presumably there is some linkage there between the public health emergency and the role of the health minister and the emergency declaration and the role of the emergency minister?

Dr EDWARDS: Yes. And your question also alludes to the fact that the thing I have noticed is people have been getting on with business and doing their best because we have plans in place. Whilst you have got a state of emergency, you have also got people saying, "I'm working to these plans. We've worked those through. Let's get on with it."

Mr D.T. PUNCH: I guess, from that point, there is a culture of best practice and responding and being nimble in that rather than relying on hierarchical structures and bureaucratic principles?

Dr EDWARDS: Yes.

Mr D.T. PUNCH: There is a clear willingness through the committee structure to talk issues out and move the issue forward to resolve?

Dr EDWARDS: Yes. And it was very interesting—just as a little light into what happened way back in March when we had, really, the critical moment when things were happening—I was privy to be at a couple of meetings, and the thing that I noticed was people coming forward and saying, "Oh, I've got these staff. I think they can help you do what you want." I have to say I think that was amazing to see the public sector responding in this nimble way. It is true, we always talk about reform of the public sector, but in fact it has been happening.

We ran a business continuity workshop in April at the Water Corporation. We went round and we said to the various agencies: what are you doing for business continuity? The wonderful thing was they actually were willing to step up and say, "Well, either we have got this or we are aware of what we need to do." It was kind of what I like in a sporting team; they were saying, "We want to win this game." We have been to enough sporting contests to know when your team is up for it or not. The thing I knew was—people were up for it. That was a really good thing in a sense of: How are we going to go about it? What can we do? How can we work together to get a better result? That was my observation at the time and I have not seen anything to confound that.

Mr D.T. PUNCH: Do you think the reduction in the number of agencies has assisted with that process?

Dr EDWARDS: The challenge has been the change that—MOG1—MOG2 has meant that agencies were set up to do certain things in the past. What the pandemic did was say, "Now we have a system-wide challenge for all of you, what are you doing to respond to that?"

Mr D.T. PUNCH: It brought out the intent of it?

Dr EDWARDS: That is right, yes. Yes, indeed. It is a bit like suddenly a team is admitted to the AFL—well, you had better start playing AFL-standard football. It is a bit like that, you know. Suddenly people were into it.

Mr D.T. PUNCH: So, it is a process of continuous insight and learning, is it not?

Dr EDWARDS: Yes; and, as I said, there is a deliberation now by the public sector that: let us now make sure we capture that. It is the same as I referred to earlier about the national cabinet. You would not want to see that lost, because that has been such a good thing. I think all of us in our own roles, and mine is a very small role, would say, “What are the good things we have got out of this and what can we keep doing?” We owe it to the people of Western Australia to do that.

Mr M.J. FOLKARD: I have picked up on this continuous learning out of that last interchange with the member for Bunbury. Bearing in mind prevention, preparedness, response and recovery and that sort of stuff, with the Westplans with the pandemic and that, are we looking at the other 27 risks, understanding what is going on at the moment as to what we learnt from the pandemic plan and looking at do we need to have a look at some of this continuous improvement for the other risks?

Dr EDWARDS: Yes, you are absolutely right. One of the things that I want to make sure we continue with is that this has all been based around very contemporary information. Isn't it good that in Australia, whether it was Prime Minister Morrison and Professor Murphy or Premier McGowan and Minister Cook and others—Andy Robertson—have been there providing scientific information and we have said that we accept, broadly speaking, we will be driven by that. The thing I like about that is the public has become accustomed to being given contemporary information that they respond to quickly. We need to make sure we translate that public expectation into our emergency preparedness and response across the board. It is no good standing around in an area in the southwest where trees are overhanging a house and there is a lot of undergrowth and saying there is no bushfire risk here. People will not accept that any more—and they should never have accepted it either, nor that the climate is changing and that is exposing the risk. Fortunately, we have had a big leap up.

But you are absolutely right: the coronavirus poses a new dilemma for us in how we manage, because everything we do now is built around social distancing and sanitation, and that poses challenges into the future in terms of how we might manage in an emergency—bushfire, cyclone, whatever. It poses challenges. I do not have the clear answer, but, as we know, the best thing you can do in life is ask the awkward questions first and then you might actually make the better decisions later.

The CHAIR: On that basis, what have been the awkward questions that you have had to ask in this six-month period, and what has the response been to those awkward questions?

Dr EDWARDS: I guess the questions have been around the communication of information, because part of our discussion today has been around how contemporary is the advice, are we all getting the best advice provided to ministers, or police commissioners, and then how does that translate to you as parliamentarians and the community? The critical thing is: is there a climate in which that advice is being put on the table and people feel comfortable to come forward? I always look for that. You have been to enough meetings where people start looking at their shoes and so on, and that kind of, “I don't want to be here.”

The CHAIR: We are on committees—we get that a fair bit! You have been before us a few times, you have not been that way, so that is great.

[10.30 am]

Dr EDWARDS: You are very kind. I have not seen that. Initially, I saw people very nervous, and when we did the business continuity workshop that Stephanie and others arranged, it was terrific. People were nervous—like, “I didn’t know what I was meant to do”—but at least they were willing to say, “I am stepping up”.

You know what I think was interesting about it? There was a tone set in Australia, and it started at the national level and at the state level. We did not get into the blame game. You are in public life. People really like it when, no matter what jumper we wear, we are seen as doing something for the common cause. The number of people who have stopped me and said, “What do you think about what Prime Minister Scott Morrison is doing?” It is really nice to be able to say, “Well, I think they are doing a good job.” It has been a big development for us, and I really like that. So, we have not had the blame game.

Incidentally, that does not mean there should never be questioning or contention or accountability or an adversarial role because the great thing about the Westminster system—in fact, I was thinking about this the other day. I had the chance to visit a lot of those countries before 1989, and you know the interesting thing that stood out in all of those so-called parliamentary chambers? Everyone sat in straight lines and faced the front where the boss was, and it was usually a man. In democracies like ours, we sit opposite one another, and we challenge, and that is a lovely thing. It is a beautiful thing. I think it has been the absence of the blame game, and we still have the Westminster system. I think that is a really great development.

The CHAIR: I think, though, probably that is the genesis of my question: have we reached that stage where the—let us call it the zeitgeist of the public—is such that those awkward questions are no longer welcome? Because that is the big risk here, is it not?

Dr EDWARDS: Look, it absolutely is. You have seen, and you have had party leaders who need to understand the community always wants to ask questions about whatever it is—about their dog or the local park or whatever. We need to understand that in our society there is always going to be an array of issues that people think are very important, and the notion is mostly the one that is in front of the person is the one that is most important at the time.

The interesting thing about this is that it was mostly about people’s survival. People forget that in March a lot of us were not sure who was going to die. We watched the news coming in from Spain and Italy and the *Diamond Princess*, and it was pretty scary. I admired those frontline workers—the young women and men in the supermarkets and the nurses and so on—who went out there. That gave us commonality; it was all about human survival and how we work together.

You know, there is something interesting about this. The architecture of this was: my behaviour affects your health, and your behaviour affects my health. If I have coronavirus, and I come into this room, I potentially can threaten your health forever—likewise. That interdependence is something that has really been driven home to us all, and as human beings, I think that is really good. It challenges this social media world where I am off by myself and I do not owe anything to you. Well, yes, I do. You are a fellow human being, and you deserve respect and dignity. I think that has been a really good learning for all of us. In our public role, for me, that is one of the things I need to make sure I preserve—that sense of respect and dignity.

The CHAIR: Just on this area about making sure we get it right, we have a series of state hazard plans, and one of them was the “State Hazard Plan: Human Biosecurity”. I think it was called something else beforehand, and it has been rebadged as that in the last few years. Was that fit for purpose for this pandemic or is this pandemic something that perhaps sits outside a normal range of human biosecurity concerns?

Dr EDWARDS: It was interesting. In the preparedness report, we actually wrote up about the risk of a foot and mouth disease outbreak, and we were worried about making it too dramatic because it might have scared people. I think the cost to the economy might have been \$2 billion or something like that when we wrote it up, because it was livestock specific. My goodness. This is a bit bigger.

We really had in train the processes by which people were encouraged to think of the things that could affect us and how we can bring those to the table. We did not foresee the magnitude of this. Although, after the meeting in February, when I asked the question about the transmission rate, the R_0 , and they put it down to 2.3 and I wrote down 10 people in the transmission rate, it did not take long to understand where we were. I think we had the structure in place. We needed to understand that this was going at Formula 1 car speed; this was a bigger thing than we were used to, but I think that we have accommodated and adapted very well to that.

The CHAIR: Just in relation to those state hazard plans, the idea is that you have them, you implement them and you review implementation after an emergency?

Dr EDWARDS: Yes, you do.

The CHAIR: Now, we are in an ongoing, rolling emergency, so that is an inappropriate review time frame, I would imagine. How are we managing continuing reviews as the emergency unfolds?

Dr EDWARDS: Bearing in mind Mr Folkard's questions about other emergencies and hazards, we are doing this review of COVID already as part of the State Emergency Management Committee reporting process. We are doing interviews, and we are collecting information. For example, what do we know about tracking data? What do we know about case history? What do we know about deaths? What do we know about ships? What do we know about aircraft arrivals quarantining? We are assembling that, recognising that the story is not yet completely written. What are the things we can do now to sharpen up our game for the next chapters in that story? I think, from our point of view, this is a living experience in which we are trying to see where it might go from here.

The CHAIR: What are some of those things? What are some of those building blocks we might need either to continue in this pandemic or in the future?

Dr EDWARDS: It is interesting. I think some of those things are what have been anticipated in your questions. It is about how nimble are we and how cooperative are we. Have we got the right legislative framework? Is the accountability there? Is the preparedness there? Are we taking the learnings? I think all of those things are things that we are doing as we go. I am part of meetings where we keep asking ourselves those questions: what do we learn now and what did we find out from last week? What can we anticipate leading up to Christmas, for example, a big human movement time? I think we are doing that. As always in life, you have to keep asking: is this the best we can do? You keep asking yourself that question. But it is interesting. The thing I have enjoyed about it is that it is a challenge, but it takes a lot of your headspace because you keep thinking about it and having these conversations.

Ms L. METTAM: Yesterday, the Premier talked about returning overseas travellers quarantining at Christmas Island. Did you provide advice to the Premier or to the government on that?

Dr EDWARDS: No.

Ms L. METTAM: When did you hear about it?

Dr EDWARDS: I knew about it during the day, yes.

Ms L. METTAM: I just imagine in terms of the nuts and bolts of how—you know, obviously, that was in relation to the state of emergency that we are in. I guess the question is for something like that,

would you have thought that would be something that, given you are the chair of the state emergency committee, you would usually provide advice on?

Dr EDWARDS: Not normally, no. To give you insight, you might recall we brought people back and we landed them at Exmouth, at Learmonth RAAF base, and then they went to Christmas Island. I was involved in that as part of the state emergency coordination group but not in an executive role. In other words, the information was put on the table by Australian Border Force and by our own people, including health and police—what they were actually doing—and I was part of that conversation. That report then went up and, of course, I ultimately had a discussion with Minister Logan about that at the appropriate time, but I was not involved in any kind of executive role.

Ms L. METTAM: Were you briefed about it afterwards?

Dr EDWARDS: Briefed about —

Ms L. METTAM: About yesterday's decision by the Premier?

Dr EDWARDS: No.

The CHAIR: Do you have any role in hotel quarantine or self-isolation or any of that?

Dr EDWARDS: No.

The CHAIR: Your committee does not handle that in any way?

Dr EDWARDS: No.

The CHAIR: And you do not have any oversight role on that either?

Dr EDWARDS: No.

[10.40 am]

The CHAIR: Who does?

Dr EDWARDS: I understand Commissioner Dawson is meeting him next week, it is really, as I understand it within his— but in terms of the review of COVID that we are doing, we have already had discussions with WA police about how that is going; in other words, how the exemption and the quarantine process is going, just in the sense of what you were saying, what can you learn out of it and what are the practices and what are the observations, and this sense of having a conversation about it.

The CHAIR: Who are you preparing the review for?

Dr EDWARDS: That review would go into the preparedness report, which would be tabled by the Minister for Emergency Services in the Parliament, and obviously —

The CHAIR: Do we have a time frame for that?

Dr EDWARDS: I think our time frame is to get it done—I will just check with Stephanie—this sitting year.

The CHAIR: So the intention is it would be tabled during this sitting year?

Dr EDWARDS: I think this sitting year, yes. I have to say that this is dependent upon the minister because we provide advice and it is up to the minister to make that decision.

The CHAIR: Yes, I understand that, but usually when you discuss these things you have an understanding of when it is likely to happen. We all understand parliamentary procedures.

Dr EDWARDS: That is right, yes. We have a time frame. It comes from the State Emergency Management Committee. We do the work. It then comes, in a sense, as a draft from the State Emergency Management Committee. People have oversight of that and say, "You've thought about

that. Can you change that? Can we do this?" Then it goes as a document to the minister for his consideration for tabling.

The CHAIR: Sticking with the returning people, clearly the committee does not have much of a role in that. Does the State Emergency Coordination Group have a role in that?

Dr EDWARDS: There would be reports on the numbers—the quantum—of what is being managed. In fact, if I just check for a minute, we had a discussion at the State Emergency Management Committee about travellers in quarantine. A report was provided by WA police and others to the State Emergency Management Committee as part of our deliberations and that then goes to the minister. So we receive that information and we can ask questions about if there are issues or, "Do you need more support here? Do you have sufficient resources?" That was at the meeting of 14 August.

The CHAIR: If I contrast it, if there was a bushfire or a cyclone and we had to evacuate people into evacuation centres for a short or medium term, would your committee have oversight of that?

Dr EDWARDS: That would really be an operational matter for, in this case, DEFS and WA police, who deal with operational matters. As chair of SEMC, I would get involved in the State Emergency Coordination Group meetings. For example, with what I will refer to as the Yanchep–Quinns fire that was pre-COVID, I was involved in that. I recall having a meeting on a Saturday night, actually, on that, because it was a pretty fast moving bushfire. I was there for that process but the real, frontline operation was run by DEFS, supported by police, local government, volunteers and so on. SEMC was there as part of the SECG meeting. We had interests we were interested in considering, such as the evacuation of animals and so on.

The CHAIR: What I am trying to get to is, at the end of the day, we are overseeing a state of emergency and it is a rolling state of emergency. We are dealing with human biosecurity and we are dealing with lives. One of the risk factors, clearly, that has been identified is human movement. That is why we have restricted it. But it appears to me that the oversight of this restriction and rules around human movement appear opaque. I am not criticising your committee for that, but in the structure of our legislative and regulative framework, all of the decision-making, all of the coordination, and, at the end of the day, you would be aware as well as anyone, all of the concerns that end up in our electorate offices are that the system seems to not quite be meeting external expectations anyway. There does not appear to be any oversight of it at this sort of coordinated level, like the rest of the pandemic seems to be oversighted. That is a lingering concern for me, I have to say.

Dr EDWARDS: Are you referring to returning travellers and exemptions—is that really —

The CHAIR: Yes, the whole lot—returning travellers and exemptions. Even that threshold question of how many people can return from overseas and in what time frame—all of that. There seems to be a number of decisions. I think the magic number at the moment is 525 a week or 75 a day. There seems to be debate around that number. We have a coordinated response to the pandemic but it appears from what we have heard today that that coordinated response, where all the agencies are coming together and all the discussion is happening, does not seem to be happening with human movement.

Dr EDWARDS: I understand that Deputy Prime Minister McCormack made some announcements this morning about an uplift in numbers and I think I heard a figure of about 500, for example, for Sydney. It might have been 520 in Western Australia. I understand that.

The CHAIR: That is what we have got, I think.

Dr EDWARDS: Yes, but I think he was talking about an uplift. That is the complexity. It is DFAT, the Australian Border Force, it is home affairs —

The CHAIR: Irrespective of whether it is international or interstate, or in the period when we had intrastate borders, were you involved in the coordination of that?

Dr EDWARDS: That was really a decision principally around the State Emergency Coordinator and his role, but there were inputs. You would be familiar with this, too, that one of the risks for example coming up to Easter was for a community like Busselton. I actually spoke to Mike Archer and he was worried because if 10 500 people from Perth came down and there were 20 cases, Busselton Hospital would last five minutes.

Mr D.T. PUNCH: A number of local governments expressed that view.

The CHAIR: Yes, and they are still expressing it, mind you.

Dr EDWARDS: That is the interesting thing about this. I was part of that conversation and that conversation was listened to not because I said it, but because it was a very valid point. The interesting thing about your question, Chair, is that there is a tension in this and the tension is: clearly there are people wanting to move to come back to Australia or come into Western Australia. The challenge is: we have been successful in saving lives and keeping ourselves safe and that is really the majority of people. The majority of people would stop you and say, “Gee, I’m glad it is going all right.” But it does not mean you become like the Pyramids and say, “That’s it; it’s built and we’re never changing it”. It does not mean that, no. In an intelligent way, you say “How can we best adapt to that?” The role of that really lies with the State Emergency Coordinator and with the WA police, who are the frontline response agency.

The CHAIR: So that is where it lies?

Dr EDWARDS: Yes.

The CHAIR: Are we dealing with an environment, from your perspective, where we are moving towards adaption or are we moving towards eradication? Where are we at?

Dr EDWARDS: If you look at recent experience, within Western Australia, we are at the point of eradication. However, if you look at Australia, we are not. The experience of any human movement studies show that we have to anticipate there will be outbreaks from time to time, and that could be in Western Australia if we change our border arrangements.

The CHAIR: That could happen if we do not change our border arrangements.

Dr EDWARDS: It can always happen because not everyone tells the truth, and that is the risk.

The CHAIR: That is the fear; that is the risk.

Dr EDWARDS: It is a big challenge for us and public policy. None of us want to see anything happen, yet we also want to make sure we try and help families and the community as much as we can. So we have got that continuing tension between the desire of the majority of the community who say, “Do nothing. Keep it as it is” and people who legitimately say, “I want my family to come from Sydney or Melbourne”. That tension will be there. I notice the conversation has changed. We are not talking about vaccines as being the immediate solution because I think, sensibly, history shows it takes a little while.

[10.50 am]

Mr S.K. L’ESTRANGE: I have enjoyed listening to the questions and your answers. I just want to bring it back to the document you gave us earlier. On page 3 of your document, it says, “The state emergency management committee performs a strategic advisory role in relation to emergency

management and does not perform operational tasks.” As you have outlined to us, and as we all understand, that is the State Emergency Coordinator, who is the police commissioner, who oversees that role of the operation; we get that.

Then at the bottom of page 2 of your document, it has the key functions of your committee that you chair, and the first bullet point says “to advise the minister on emergency management and the preparedness of the state to combat emergencies.” We are obviously under a state of emergency at the moment. That is due to be renewed today, and I am guessing that it will be renewed today for another 14 days. The second-last bullet point on that page says, “To develop and coordinate risk-management strategies to assess community vulnerability to emergencies”, and the last one says, “To arrange for the preparation of, and approve, state emergency policies and plans.” So your committee has a pretty important role in advising government on what it thinks should happen with regard to the management of COVID-19. That is what I am reading in your document, and then once the government sets the state of emergency in play and appoints the State Emergency Coordinator, which is the police commissioner, operational tasks are looked after by the police commissioner. So I bring you back to a question I asked earlier: if you are not the person or the group who advises on whether a state of emergency needs to continue to exist, then who does provide that advice to government?

Dr EDWARDS: My understanding is that in this circumstance, because it is a health pandemic, that is Health advice, and the police commissioner is providing that advice.

Mr S.K. L’ESTRANGE: Okay. Because one of the key things that your committee does is it draws on expert advice to provide its own advice to government, does it not?

Dr EDWARDS: Yes, it does.

Mr S.K. L’ESTRANGE: So, I would guess—correct me if I am wrong—that you would be taking that Health advice; the State Emergency Management Committee would listen to that Health advice to then advise the government on whether or not a state of emergency needs to exist, or are you saying that you do not advise on a state of emergency at all, even though you are the senior advisory committee, and you leave that to the health minister or the Department of Health to decide? Is that what you are saying?

Dr EDWARDS: Yes. The way the legislation is being managed at present, that is what is happening: it is Health advice and the police commissioner in his role as the State Emergency Coordinator who executes that. But just to give you a flavour of that, on 14 August we had updates from the Department of Health. We had a look at what the learnings were from other parts of the world, and Victoria in particular, and then we stood back and said, “Are there things that we specifically need to think about for application here in Western Australia?” And so then when I met with the minister, we have actually taken that advice and tried to provide a contemporary account for him. We met on the 14th—I think we have got the minutes—that was on the Friday, so on the Monday I met with the minister. Laurie Bennet from our office worked over the weekend on it. So we try to provide a really contemporary thing, but I do not want to overplay that I had an executive role; it was really to try to provide contemporary advice. Does that clarify that?

Mr S.K. L’ESTRANGE: I am still trying to work out who advises government on whether a state of emergency should or should not exist. I am still looking for that.

Dr EDWARDS: Yes. Stephanie has very helpfully—the declaration under part 5, section 56 “Minister may make state of emergency declaration” states —

- (1) The Minister may, in writing, declare that a state of emergency exists in the whole or in any area of the State.
-

- (2) The Minister must not make a declaration under this section unless the Minister —
- (a) has considered the advice of the State Emergency Coordinator; and
 - (b) is satisfied that an emergency has occurred, is occurring or is imminent; and
 - (c) is satisfied that extraordinary measures are required to prevent or minimise —
 - (i) loss of life, prejudice to the safety, or harm to the health, of persons or animals;
or
 - (ii) destruction of, or damage to, property; or
 - (iii) destruction of, or damage to, any part of the environment.

So they are the criteria under part 5, division 1 of section 56 of the act. The minister makes that based on the advice of the State Emergency Coordinator, which is not me.

Mr S.K. L'ESTRANGE: This is an interesting chicken and egg type thing, because the State Emergency Coordinator would not exist without a state of emergency. So, who is providing the advice?

Dr EDWARDS: The State Emergency Coordinator.

Mr S.K. L'ESTRANGE: That is the police commissioner.

Dr EDWARDS: Yes.

The CHAIR: More particularly, there is not a direct line of advice from the health side of things, whether it is the Chief Medical Officer or the Chief Health Officer, or whatever, through to the minister. Any reporting around the health risks and the health issues need to go through the State Emergency Coordinator in order to have a recommendation made to the minister.

Dr EDWARDS: I should not anticipate what might lie in the public health chain of accountability, Chair. I am not avoiding it; I just should not anticipate that.

The CHAIR: Sure. I understand that.

Dr EDWARDS: I imagine that advice goes to the Minister for Health as well.

The CHAIR: We will find that out from the State Emergency Coordinator, I imagine, next week. That is a useful framework.

Dr EDWARDS: And, of course, the health minister is a cabinet colleague of the Minister for Emergency Services. To just go back to Mr L'Estrange's question, I see SEMC at its best to provide the most contemporary advice from a contested set of considerations to the minister about emerging situations. The interesting thing—this is made for all of us—is that it is a bit like being in an aircraft and repairing it in flight; we are doing it as we go. That is not to minimise the burden of what we are doing. In fact, it is to exacerbate the burden of what we are doing. That is a bit different from what we normally do, because you say, "We are coming up to cyclone season. What are we doing, or where are the evacuation centres, for example, in bushfire season?", and we will get a briefing on that. So this is a bit different. But to try to give you a flavour, what we have really tried to do is to excite the whole system so that we are really on alert and providing updated information so that whenever something comes up—for example, the other day there was an issue about people being posted packets of seeds, and we provided a report to the minister, I think within 24 hours, with the support of DPIRD. Was that part of scaring people as part of the pandemic or was it some kind of whatever? We provided advice. So I think that has been a good thing because we are really, in a contemporary sense, trying to do the best that we can.

Mr D.T. PUNCH: Can I make an observation? That is a pretty forensic analysis of accountability for advisory relationships, but to me it is made very clear on pages 8 and 9 of your submission, which

sets out the functional relationships. Certainly, the functional chart headed “COVID-19 recovery arrangements” seems to make that clear in terms of the input of the Chief Health Officer to the State Recovery Coordinator and how that feeds into advice to the minister.

We talked earlier about the supposed opaqueness around the numbers in quarantine. I think that advice is based on Health advice to the State Recovery Coordinator, who would look at that in the context of the overall capacity of the state to respond to emergencies. I think that at any point in time—I am going off memory here—around about 1 800 people are in quarantine of one description or another. The critical health risk associated with that would be an outbreak within that cohort and the capacity of the state to respond to that and the capacity of the state to continue to respond to outbreaks at the community level at the same time. That is a little similar to what we have seen in Victoria. So there is science behind the modelling that is feeding into that advice. I note the member for Vasse’s comment about the Premier having made a suggestion to the commonwealth in relation to international arrivals and that if there was some scope within the federal arena to increase the capacity of quarantine arrangements and the response capability at that level, those numbers from returning people from overseas could potentially be increased without increasing the overall risk to the response and recovery processes. Is my logic in that consistent with your understanding?

Dr EDWARDS: It is.

Mr D.T. PUNCH: So there is clear logic behind the arrangements that are in place that are appropriately challenging the advice from the health arena and of the public health emergency into the overall response in a coordinated way. Again, the act may not have foreseen these circumstances, but it is actually functioning very well in response to that.

[11.00 am]

Dr EDWARDS: Yes, it is. Thank you, Mr Punch, for that. The public arena is very much into the gross numbers of people who might be in quarantine. I know from conversations, for example, that not everyone in hotel quarantine is the same. There will be people who have all sorts of emerging health issues, including mental health issues. What I understand is that between the police and the Department of Health, they have been very sophisticated in addressing those matters. There will be an awareness that someone is not in good shape because of two weeks in a room, and they are onto it very quickly with all the health protocols. If you think about that just for a moment, that means you are a bit restricted by the number of people who can do that kind of subtle response in a hotel, irrespective of how many people might want to join that queue. I think that has been one of the factors that has been always present. I think, really, the people who have done that frontline work here in WA have just been wonderful, in that there have not been a lot of really big issues. Yes, we had a couple of people escape, but that is a matter for the legal system. I think the subtlety of the treatment of people has been really commendable. You would not want to lose that by simply saying, “Let’s increase the numbers tenfold.” We know what not to do, and that is *Ruby Princess*. We do know what to do, which I suspect is the kind of subtle structure we have got here, with good response, including health response, to someone in a hotel room.

Mr D.T. PUNCH: I suspect that subtlety is not well understood, either in the public discourse or from the media point of view as well.

Dr EDWARDS: It is not. I guess there are privacy issues, but I know from conversations that we had down at police headquarters and so on that there is a lot of effort being put into understanding that a member of their family is not well and they want to get to see them and they are getting more stressed. That is being done in a really good way. We have been obviously interested in that and have asked questions about that.

Ms L. METTAM: Just further to that topic, between Mr Punch and yourself, you have talked about the subtleties involved in hotel quarantine and the considerations that have, understandably and necessarily, been made in informing those arrangements. I guess that is why I am surprised that you were not briefed or informed or did not have a role in advising the Premier when he made the call yesterday to consider quarantine on Christmas Island. As Mr Punch has highlighted, these are not simple matters; there is obviously quite a lot that goes into these considerations. I just wonder why there was not more of a broader discussion, given your role on the committee as the chair.

Dr EDWARDS: Yes. You are probably very kind in overstating my role in a sense. I would not have expected to be consulted, because for the Premier, there is the State Disaster Council, he has got ministerial colleagues, he has got federal advice, he has got input from national cabinet meetings —

Mr D.T. PUNCH: There is plenty of input from the Prime Minister!

Dr EDWARDS: And input from the Prime Minister. I guess if I can really properly respect your observation, I think it has been important for us at SEMC to create the arena in which there can be a contemporary discussion of all the information, not the executive decision, and to then hand it to our minister and others so they can be better informed—to bring people in. It would be overstating to say that I had an executive role in that.

The CHAIR: You did mention bushfires and cyclones. We have spoken about them a lot. This might sound like a trite or an academic question, but I think it is actually really relevant. We are in a state of emergency. It only goes for 14 days, but the expectation is that this 14-day period will be extended out, on a rolling basis, for quite a significant period of time. The expectation of most people is, most likely, that it will be certainly all the rest of this year, if not beyond. Irrespective of how long it goes, can we have two state of emergencies in a place at the same time?

Dr EDWARDS: We have contemplated that.

The CHAIR: That is why I ask you: Can that happen under our act, first of all? Secondly, does it make any material difference if there is a bushfire or a cyclone or both in different parts of the state at the same time, where ordinarily, in the absence of the COVID state of emergency, a state of emergency would have been declared?

Dr EDWARDS: It should not make any material difference. Most likely in a bushfire, of course, DFES would be the initial response agency. You have still got police doing their role with the pandemic, but the police would also perform a role in terms of the bushfire.

The CHAIR: Of course they would, yes.

Dr EDWARDS: Perhaps one out and one back, in the sense of traffic control and whatever. It should not create a difficulty. You are right in what you highlight, though; it is just interesting. We all have an interest in reminding the people in other states that we function from about 12 degrees south of the equator to about 38 degrees south of the equator, so we could actually have cyclones and bushfires at the same time. We can have bushfires in the middle of our winter here.

The CHAIR: With respect to other states, they have had floods and bushfires at the same time.

Dr EDWARDS: They have. But, you know, it is interesting. When you look at the deployment of resources—this is clearly for DFES Commissioner Klemm—I do not think they quite understand that we could really use things like military hardware north of the Tropic of Capricorn to support us in the heavy lift capacity. Chinooks would be nice and Black Hawks would be nice, wouldn't they?

The CHAIR: Some of us have made those points.

Dr EDWARDS: Well, that is good!

The CHAIR: And we continue to make them. More importantly, can we have two state of emergencies at the same time?

Dr EDWARDS: It is possible under the act, yes. I do not see any big difficulty about it, because the good thing that this pandemic has caused us to do is to think systemically—if this happens, what then? Just to give you a quick insight, when I asked the question about education and the need for PPE, what about special needs children and the need to be hands-on? With the Polly Farmer Foundation, did we have specific needs with Aboriginal communities and our tutors and so on? The answer was: you bet we did, because we had made specific provisions for at-risk communities. I spoke to our CEO. I do not have a conflict there because it is about the goodwill of children. Quite legitimately, I said, “If you need PPE, please let us know, because we’ve got frontline people and these people are at risk.” I think it has been a requirement that we have to think in a more subtle way. That is a good thing. It will prepare us better for the future. And there will be future events like this.

The CHAIR: I will finish off on that, and then I will let the other members ask their last questions. We are taking up a lot of your time and I am conscious of that. In your preparedness report last year, one of the issues that you highlighted was that sector information sharing between agencies was the second-lowest capability of all the capabilities. Now, from what you have told us today, in the pandemic period there seems to have been good information sharing and everyone is working well together.

Dr EDWARDS: Yes.

The CHAIR: Has that getting together and working well together resulted in systemic change and systemic improvement in that sector information sharing, or is it something that is just happening because, again to be trite, we are all in it together for now? It would actually be helpful if this period led to a systemic improvement so that you could increase that capability, so that it is no longer the second lowest. What is your observation so far?

Dr EDWARDS: Look, it is really interesting. These sheets that I showed you that Stephanie prepared on PPE, we are kind of clumsy—we knew people were kind of hiding it away. Now it is all out there and we have done that, so it is much better. It is interesting. I have been part of, initially, the Public Sector Leadership Council Microsoft Teams meeting, and more recently part of the CEO government trading enterprises leadership team meeting. They are run by Sharyn O’Neill, and I think she is coming to see you. She often has asked the question, “Are you people finding this useful?”, because you will begin with a briefing on the national cabinet. Always comments are made: “Please keep it going.” What we are enjoying is hearing from other colleagues, who said, “I’ve got a problem here. Can someone help me with that?” To me, it has been a really great thing that everyone says, “We started to talk to one another. Let’s not stop doing that.” I intend to try and reinforce that observation. I mean, we have always had this conversation. We must not think in siloes. And what do we do? We often go back to our habits. Well, that is not the best way to do it, in the same way that I see my role here is to work with you as parliamentarians. The best way is to be part of this community. It does not mean that we do not have differences—that is all right. It is good. It is a mature way to behave, but what do we do?

Ms L. METTAM: Further to the subtle response in relation to quarantine, I just wondered are people in hotel quarantine permitted to leave temporarily for compassionate reasons at the moment, like to attend a funeral?

Dr EDWARDS: I do not know the answer to that. I think that is probably best kept to ask the commissioner. I do not know the answer. That is an operational matter, so I do not know what the answer is.

[11.10 am]

Ms L. METTAM: Is that something that might be discussed at the committee level?

Dr EDWARDS: Not really; it is something that, as part of our COVID work in the preparedness report, we have been picking up the sort of subtleties I referred to Mr Punch about, which is Health dealing with the police on the frontline. We have been picking up that subtlety. It is part of the inquiry process we are doing so we can write this report.

Ms L. METTAM: Are you exposed to or briefed on the medical advice by the Chief Health Officer?

Dr EDWARDS: We are always kept up-to-date on the kind of data that you would be familiar with, which is the number of cases in Western Australia. When it was almost a daily thing, about cruise ships and so on, we were kept up-to-date and we were always provided with very extensive presentations on that—very, very extensive—which were ones that were really provided to the State Disaster Council, and not dissimilar to that which Professor Murphy was providing to Prime Minister Morrison at that national level. So it was again that picture—the tracing, tracking and cases here and cases elsewhere.

Ms L. METTAM: When was the last time the Chief Health Officer provided a detailed representation of the health advice?

Dr EDWARDS: We had it for the State Emergency Management Committee on 14 August. There was an SECG meeting last Friday, but I was not present at it, and I imagine there was a presentation on that. We have not received the minutes yet but they are normally part of the protocol.

The CHAIR: And that is of the SECG?

Dr EDWARDS: Of the SECG, yes. If I go back through, they are all there. That has been very comprehensive. I think it has been a really good thing because we are taught to think systemically now, and historically I do not think we were. I guess it is a bit like a marriage—everyone thinks that they are the only people getting married and you suddenly discover there are a lot more people getting married at Easter or Christmas. I think it has been that systemic thing. It is kind of a nice thing, really, to understand that.

The CHAIR: You have been very comprehensive today and we thank you. You have always been very accommodating to this committee, so we thank you for that as well. I do not think we took anything on notice or any further information for you to provide. We will provide you with a transcript of the hearing for the correction of transcribing errors. You need to do that within 10 working days. If you do not return it within 10 working days, we will deem it to be correct. I think you understand the process pretty well. You cannot change the nature or tenor of your evidence through that corrections process. But if there is any other information you think we need to know or you go away and think that you were expecting a question on A, B and C and you did not get it and you would like to provide that information, please do, because we are always happy to receive more information. Otherwise, we thank you for your evidence today. We thank you for the work you are doing, because it is really important work, obviously. We cannot emphasise that enough. Keep it up. We appreciate you appearing before us and appreciate the work you do for our community.

Dr EDWARDS: Thank you, Chair. I have really enjoyed it. I have always enjoyed parliamentary committee work. It is one of the best bits you do. I certainly see a role. If I can assist you in your deliberations and it is very helpful, I am happy to do that. If there is something else you want to come back on, I am happy to come back; there is no problem. This is an ongoing conversation. We will be talking about this for —

The CHAIR: But this is not an ongoing parliamentary session!

Dr EDWARDS: No, it is not.

The CHAIR: And that is the difference.

Dr EDWARDS: It is a reality of life; it is extraordinary.

The CHAIR: I think we will conclude the formal part now.

Dr EDWARDS: Okay; thank you.

Hearing concluded at 11.15 am
