

Witness Statement of Dr Brendan Murphy

Name: Dr Brendan Murphy
Address: Scarborough House, Atlantic Street, Woden ACT
Occupation: Secretary of the Commonwealth Department of Health
Date: 12 August 2020


- 1 I am the Secretary of the Commonwealth Department of Health (the **Department**). I have held the position since 13 July 2020. Prior to my appointment as Secretary, I was the Chief Medical Officer for the Australian Government.
- 2 I make this statement to the Royal Commission having read the comments of Counsel Assisting in his opening remarks at the commencement of the Sydney 2 COVID-19 hearing block.
- 3 Every death that has occurred in Australia generally, and in residential aged care specifically, is a tragedy. During the COVID-19 pandemic, no country has been able to avoid outbreaks in residential aged care and deaths when there has been widespread community transmission. This is because outbreaks are almost always caused by aged care workers, infected in the community, inadvertently bringing in the virus to the aged care homes.
- 4 The susceptibility of older persons to COVID-19 has been at the core of the Australian Government's planning and response to the pandemic and has guided both the overall response and the implementation of specific measures. It has been taken into account in the overall response because my view, and that of the Australian Health Protection Principal Committee (**AHPPC**), and its subcommittee, the Communicable Disease Network Australia (**CDNA**), has been that preventing widespread community transmission is essential to protecting vulnerable members of the community, including those in aged care. It has been taken into account in a range of specific, targeted measures to assist aged care preparations and response, which I set out further below.
- 5 Accordingly, I do not accept the suggestion by Counsel Assisting that the Australian Government has not had a plan to deal with the impact of COVID-19 on the aged care sector and residential aged care in particular. Since the release of fact sheets on 31 January 2020 to the aged care sector, that impact has been at the core of our planning and preparations.
- 6 The Australian Government, together with State and Territory Governments, has had long-standing arrangements to provide a coordinated whole-of-government response to a health emergency, including a pandemic. These arrangements establish the AHPPC and the CDNA to provide advice and directions during such a health emergency.
- 7 In January 2020, the Australian Government led the preparation of the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) (**COVID Response Plan**). This was published on 18 February 2020 and was activated on 27 February 2020. This plan addressed the


response to aged care in the context of the overall Commonwealth, State and Territory response plan. After the activation of the plan, a dedicated aged care COVID-19 taskforce and response team was established in the Department, which liaised with the National Incident Room.

- 8 In support of the COVID Response Plan, a number of specific actions were taken to manage, engage with and guide the aged care sector in preparing for and responding to the COVID-19 pandemic:
- (a) from 20 January 2020, the AHPPC has met 169 times and had aged care on the agenda 36 times;
 - (b) on 2 March 2020, the ACQSC Commissioner wrote to all aged care providers about planning and preparing for COVID-19;
 - (c) on 11 March 2020, \$101 million in workforce measures were announced to assist with additional infection control training for aged care staff and for providers to hire extra nurses and other staff;
 - (d) on 13 March 2020, the CDNA guidelines on managing an outbreak in an aged care facility were published and they were communicated to providers on 16 March 2020. These were updated on 30 April 2020 and 14 July 2020;
 - (e) on 16 March 2020, an online infection control module was released, to assist providers in training their staff;
 - (f) on 18 March 2020, restrictions on visitors and staff of aged care facilities were announced;
 - (g) on 20 March 2020, \$444.6 million in temporary funding was provided to support aged care workforce continuity, including a workforce retention bonus for aged care workers;
 - (h) on 24 March 2020, guidance was issued to aged care sector on process for ordering PPE supplies;
 - (i) on 12 April 2020, further workforce contingency measures were put in place through Aspen and Mable;
 - (j) on 21 April 2020, the National Cabinet met and discussed the lessons learned from recent COVID-19 outbreaks in residential aged care facilities;
 - (k) on 1 May 2020, a \$205 million COVID 19 support package (additional subsidy payment) was introduced for all residential care aged care providers;
 - (l) on 12 May 2020, Visitor Access Code released.
- 9 During the pandemic, Minister Colbeck has had regular engagement with many stakeholders, including Dementia Australia, the Australian Nursing and Midwifery Federation and aged care peak bodies.
- 10 The Department and the ACQSC has had similar engagement, to take account of the diversity of views and perspectives.
- 11 A second wave the size of the Victorian outbreak was not anticipated following the nationwide relaxation of restrictions in May, given the careful planning and precedent conditions considered at that time by the National Cabinet.

- 12 Unfortunately, the combination of the hotel quarantine breach and the unexpected overwhelming of the Victorian public health response has resulted in the level of community transmission that we were determined to avoid but have always feared. This has led to the inevitable aged care outbreaks.
- 13 All levels of government are continuously building on the lessons learnt from the NSW aged care facility outbreaks. In response to this Victorian second wave significantly impacting aged care, a number of specific measures have been implemented including:
- (a) mandating and supplying PPE use in all Victorian facilities, even those without outbreaks;
 - (b) establishing the Commonwealth funded aged care response centre to substantially enhance the public health response in aged care and to ensure enhanced preparedness in services without outbreaks;
 - (c) mobilisation of interstate workforce and AUSMAT teams to support the severely depleted Victorian health and aged care workforce; and
 - (d) activation of the COVID hospital agreement to close elective surgery and transfer currently 406 residents from Aged Care to private and public hospitals including 125 COVID negative residents.
- 14 However, I want to emphasise that no matter how prepared and resourced the aged care sector is, this outbreak will, unfortunately, only finally come under control with the suppression of community transmission. The best way to protect older persons is to suppress community transmission.
- 15 I also reject the assertion that Australia has a high death rate in residential aged care by international comparisons. The contrary is true. Australia's overall COVID death rate as a proportion of cases is around 1.5% (compared to 15% in the UK and 5% in the USA). Our death rate in aged care across Australia as a proportion of total aged care residents is 0.1% (1 in 1000) compared to 5% in the UK where nearly 20,000 deaths have been seen.
- 16 While it is true that a high proportion of the 352 deaths linked to COVID-19 in Australia have related to aged care residents, this appears to be a trend in the reported figures for countries with a very small number of deaths overall.
- 17 For example, New Zealand is widely understood to have performed very well in bringing their initial outbreaks under control with only 22 deaths reported to 10 August, however 16 of those deaths were residents in aged care facilities. This represents 72.7 percent of the overall deaths linked to COVID-19 in New Zealand. Based on Counsel Assisting's analysis, New Zealand would be seen as one of the worst performing countries in the world, which would clearly be outside mainstream thinking.
- 18 In part the high proportion of total deaths attributed to aged care arises from the low mortality that we have seen in Australia in the younger population with an ICU mortality rate being one of the best in the world at only 11 percent.
- 19 Unlike many high income countries which did not even test aged care residents or report aged care deaths in the early months of the pandemic (leaving many unreported deaths), Australia has been meticulous in testing and transparently reporting every aged care case and every aged care death that could be associated with COVID. This also contributes to what appears to be a higher percentage of deaths in aged care facilities.

20 The Australian Government has, at all times, had the protection of elderly Australians at the forefront of our approach to COVID-19 and this has dominated our planning and preparedness. Any suggestion to the contrary is strongly rejected.

Signature 
Name ROSEMARY MURPHY
Date 12/8/2020

Witness 
Name Danae Paxinos
Date 12/08/2020