

## COVID-19 Response Inquiry

Submission by Dr Helen Haines MP  
Independent Federal Member for Indi

December 2023



Helen  
Haines MP

INDEPENDENT FEDERAL MEMBER FOR INDI

## Introduction

I write this submission as the Independent Federal Member for Indi, the federal electorate which covers most of North East Victoria.

Indi extends across 29,187 square kilometres of Victoria's North East, from Corryong on the upper Murray River to Kinglake near Melbourne's outer north-eastern fringe. Our communities include nine local governments – Alpine, Benalla, Indigo, Mansfield, Murrindindi, Strathbogie, Towong, Wangaratta and Wodonga – and the unincorporated alpine areas of Falls Creek, Mount Hotham, Mount Buller and Lake Mountain. Wodonga, one half of Albury-Wodonga on the Victoria-NSW border, is our biggest regional centre.

While the COVID-19 pandemic has affected our communities in many ways, perhaps the most significant and unique way in which we were impacted was through the border closures instituted between NSW and Victoria throughout 2020 and 2021.

It is my intention through this submission to highlight these experiences, ensure they are properly recorded and documented and that the stress, trauma and heartache of those times are not forgotten.

At many points during the pandemic, our communities felt forgotten, misunderstood and overlooked by governments in Canberra, Melbourne and Sydney, and if faced with a similar situation again we hope the mistakes of the past are not repeated.

## Understanding the Albury Wodonga border region

Albury Wodonga is recognised as Australia's 20th largest city with a combined population of around 100,000 residents.

The cities sit on either side of the Murray River approximately 300 kilometres north-east of Melbourne and 580 kilometres south-west of Sydney.<sup>1</sup>

Albury Wodonga is known as two cities, one community. While the towns are divided by the Murray River, the border between states is not noticed by most people in our communities, who cross it daily without noticing, living, working, attending school, health appointments, sport and cultural activities in another state to the one which they technically live.

It is important to understand this about communities all along the border, including towns like Corryong, Wahgunyah and others for whom the border up until the pandemic was barely noticed as a part of daily life.

Albury Wodonga is served by Albury Wodonga Health, which has two hospitals, one on each side of the border. Maternity care is located in Wodonga, while intensive care is in Albury. People from across our region, living more than 100 kilometres away, receive treatment at the Albury Cancer Centre.

Understanding this about border communities is crucial to understanding the experiences of my constituents throughout the border closures – partners separated from each other, parents from their children, elderly and other vulnerable people from their families and support networks.

People couldn't attend work, school, or health appointments. And while permit systems were eventually worked out, progress was always slow, complex and often unsuitable or unworkable.

---

<sup>1</sup> <https://alburywodonga.gov.au/region>

## Timeline of border closures

The following timeline was prepared using documentation from the Victorian Parliamentary Library. It highlights how long the border closures went on for, and how many different types of permit systems and rules we lived under. Many of the iterations of the permit systems and rules are not captured by this timeline.

### Closure 1: 8 July 2020 – 23 November 2020 (138 days)

- **8 July 2020 (closed by NSW)** – special permits announced but were not ready to be issued when border first closed
- 4 September 2020 – [‘border region resident’ permit in effect](#) – border residents within 50km able to cross border for certain reasons with permit.
- 17 September 2020 – [border restrictions ease](#) – regional Victorian residents able to travel within the border region for any reason with current permit.
- **23 November 2020 (reopened by NSW)**

### Closure 2: 1 January 2021 – 8 February 2021 (once traffic light system is implemented, some areas of NSW able to travel to VIC)

- **1 January 2021 (closed by Victoria)**
- 11 January 2021 – [traffic light system introduced](#) – travellers from green zones can enter Victoria with permit, travelers from orange zone can enter with permit and must take test within 72 hours and isolate until negative test result received, and travelers from red zones cannot enter Victoria unless with exemption. [NSW/VIC border communities have exceptions.](#)
- **8 February 2021 (reopened by VIC)** - [all NSW LGAs classified as green zones](#) – people in green zones can apply for permit to enter VIC

### Closure 2.a 12 February – 17 February – Stay at home order for Victorians in NSW

- 12 February 2021 – [NSW restrictions on VIC travelers](#) – NSW requires VIC travelers to ‘stay at home’ for 5 days after arriving in NSW from VIC – for NSW border residents, stay at home will only apply if resident has visited greater Melbourne.
- 17 February 2021 – [stay at home order for Victorians in NSW is lifted](#)

### Closure 3: 11 July 2021 – 4 November 2021

- 2 July 2021 – green zones in NSW border communities become orange zones. Free movement for border bubble remains.
- **11 July 2021 (closed by VIC)** – [all NSW classified as red zone](#)
- **17 July 2021 (stay at home order by NSW)** – [all Victorians travelling in NSW must stay at home for 14 days from last time they were in VIC](#)
- 20 July 2021 – [extension of border closure](#) - [VIC pauses issuing of red zone permits for a fortnight](#) – VIC residents given 12 hours to cross border before closure.
- 23 July – [VIC declares NSW as extreme risk zone](#) and backdates declaration to 9 July 2021 (14 days)
- 31 July 2021 – NSW classifies VIC as ‘no longer area of concern’
- 3 August 2021 – [NSW border bubble residents only able to enter VIC without permit for essential reasons](#) – also applies to Victorian border bubble residents entering NSW
- 2 September 2021 – [changes to border bubble](#) – 6 Vic and 2 NSW LGAs removed from border bubble
- 3 September 2021 – [specified worker permit list is reduced](#) and mandatory testing increased

- **4 November 2021** – [reopened by VIC and NSW](#) – people entering Victoria required to obtain permit but no requirement for testing or full-vaccination.
- 25 November 2021 – [VIC border permit system ends](#)

## Border Bubble and permit systems

As is clear from the timeline, there were multiple systems put in place over the period of closures to allow for movement across the border. In most cases, these systems were too slow to come into place, as many of the following stories will show. The first closure of the border was a “hard border” with no system to allow for crossing – even health professionals were told they could not cross the border to treat their patients without isolating for 14 days on their return.

The most significant of these systems was the existence of a “border bubble” in which at times people could move across borders with a permit, or at other times more freely if they showed their identification which proved their address.

The Border Bubble was often inconsistent – the ways in which one town was included in the bubble, while the town next door, or even closer to the border was not, made no sense. For example, Tawonga South was not included in the bubble, while Mount Beauty was included. Mount Beauty is next to Tawonga South, and to travel to the border from Mount Beauty, you must first drive through Tawonga South.

As one constituent wrote to me: “The current border region appears arbitrary, contains inconsistencies and quite frankly does not make sense.”

These systems were eventually made consistent by a series of meetings between myself and other elected representatives at state and federal levels meeting with the Cross Border Commissioners, and making decisions based on whole local government areas.

But while that process was eventually arrived at, in the meantime people suffered greatly.

Border permit systems, when in place, were solely online, and my office helped many constituents who either did not own a computer or could not navigate the system to apply for and print their permits.

## Impact on communities

In 2020 more than 700 people are recorded as contacting my office for direct assistance related to the border closures. In 2021, more than 240 people are recorded as contacting my office for border-related assistance. Countless others contacted me and my office on the border closures during this time.

The impacts described most often are regarding healthcare, access to work, access to education and family and community support. Students unable to attend their schools on the other side of the border while their classmates did attend, elderly people left alone, children with separated parents unable to see a parent on the other side of the border, businesses whose customers couldn’t cross the border to attend their premises.

In the instance of the closure on January 1, 2021, enforced by the Victorian Government with less than 24 hours’ notice, it also created an extremely dangerous situation, with holidaymakers and others travelling over the festive season driving long distances in order to cross the border in time.

The ways the border closures impacted our communities is too much to explain in a short submission, but on two specific areas – healthcare and employment and industry, it is best to convey what this meant through their own words.<sup>2</sup>

### Healthcare

*“I have obstetric patients who have to represent to Wodonga from their Albury residence for emergent investigations yet are in fear that they won’t be able to get home. Community health and well being is being negatively impacted daily and all for one disease. I certainly accept that COVID is a health risk but surely we can’t forsake all other health impacts/illnesses/injury/conditions to reduce one illness.”*

*“I am one of the directors of [Psychology Clinic name redacted]. Our offices and clients are on both side of the border. Whilst we have been able to deliver Telehealth services, this is not always clinically appropriate for all client presentations, especially those at risk of self harm and suicide. The impending restrictions will put lives at risk with actions that are not justifiable on evidence of COVID numbers or community transmission, which has never occurred in the region.”*

*“I had to cancel 2 days of practice at my Albury site, which equates to 32 scheduled appointments, of which 30 were receiving ongoing treatment, and 2 were new referrals. If this situation is to continue I fear that the regime of health care will fall below their expectations and mine of high quality care.”*

*“We have 17 staff who live on the wrong side of the border in which they need to work. Many of these staff are outside the latest border bubble. The revised restrictions will literally limit the movements of hundreds of patients across the border each week and limit the ability of a number of our therapists from working at all.”*

### Employment and Industry

*“We are ineligible for Victorian State funding as we pay workers compensation in NSW. We are ineligible for NSW State funding as we hold a Victorian ABN. It seems that our type of business has been overlooked on state levels and I haven’t seen anything on a federal level. Have we been forgotten? Surly we are not the only ones is this type of arrangement?”*

*“I live 800 meters outside the border bubble ... I have been offered a job interview over the border at Corowa. Being out of work ... I jumped at the opportunity as there not many out there. I have been denied a permit by 800 meters If you look at the border bubble.”*

*“We were advised by Service NSW that our property is out of the border zone and therefore we need to take our sheep to Corowa market by plane from Melbourne to Sydney.”*

### Community Support

*“I am concerned that current covid restrictions make it impossible for me to visit family for caregiving if necessary, both my parents are over 70 and live alone. My son also lives in NSW.”*

The impact on migrant communities, particularly for those who had come to our region from warzones, was particularly acute. The site of roadblocks and checkpoints along the border was so traumatising that some avoided medical care if it required crossing the border.

---

<sup>2</sup> Some of these accounts have been shortened or details removed to ensure anonymity.

A story that will always remain with me, is the man who could not cross the border to see his mother before she died, and then was refused passage to bring her burial clothes after she passed away.

## Conclusion and considerations for the Inquiry

I have not made specific recommendations in this submission in relation to border closures in future pandemics, but to make the observation that in these cases our communities were subject to harsh restrictions based on an artificial boundary, with serious impacts on our lives. These impacts related more to the response to the disease through the closure of the border, rather than the disease COVID-19 itself.

It is still unclear if there was any scientific evidence-base for the decisions made to close the border, about how the permit systems work, or who was in the bubble and who was not.

Were the border closures based on public health recommendations, or political decisions?

Were the border closures proportionate to the problem and the risk at hand? For the majority of the time, the communities most severely impacted by the closures did not have community transmission of COVID-19 themselves.

It is also unclear if there is evidence that these border closures were effective in stopping or slowing the spread of COVID-19.

I am a public health professional, with a PhD in medical science and a masters in public health majoring in epidemiology. These concerns come from that perspective, as well as my perspective as a federal representative.

If we are to be faced with a similar situation in the future, it is crucial that decisions made about border closures are evidence-based, with clear public health need. If they are to be put in place, arrangements for border bubbles must be in place from the start. They must be clear and communication must also be direct and easy to understand. Systems for permits must be easy to use and accessible to all. Geographical boundaries should be drawn in consultation with local government and authorities.

It must also be easy for people to access and seek advice and guidance.

I hope that we are never faced with a similar situation again, but if we are, we must learn the lessons of what we experienced across 2020 and 2021.